2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 20, 2006 8:00 am DOCUMENT # F05000004389 **Secretary of State** 1. Entity Name 02-20-2006 90058 037 ***150.00 QHL, INC. Principal Place of Business Mailing Address 300 E. ESPLANADE DRIVE, SUITE 1250 300 E. ESPLANADE DRIVE, SUITE 1250 OXNARD, CA 93036 OXNARD, CA 93036 2. Principal Place of Business 3. Mailing Address 27001 W. Agoura Road 26500 W. Agoura Road Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 102-250 01312006 Chq-P CR2E034 (11/05) Suite 325 City & State City & State 4. FEI Number Applied For Agoura Hills, CA Calabasas. CA 22-3848508 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 91301 91302 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BUSINESS FILINGS INCORPORATED** Street Address (P.O. Box Number is Not Acceptable) 1201 GOVERNORS SQUARE BLVD., SUITE 101 TALLAHASSEE, FL 32301-2960 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulred when reinstaung) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD ☐ Delete HITTE ☐ Change NAME GAISER, JOHN T NAME Louis Delmonico 27001 W. Agoura Road, Ste 325 STREET ADDRESS 300 E. ESPLANADE DRIVE, SUITE 1250 STREET ADDRESS CITY-ST-ZIP OXNARD, CA 93036 CITY-ST-ZIP Agoura Hills, CA 91301 TITLE Delete TITLE K Addition POWELL, CHRISTOPHER T Kitty Gaiser 27001 W. Agoura Road, Ste 325 NAME NAME 300 E. ESPLANADE DRIVE, SUITE 1250 STREET ADORESS STREET ADDRESS CITY-ST-ZIP **OXNARD, CA 93036** CITY-ST-7IP Agoura Hills, CA 91301 X Change TITLE TITLE Delete ☐ Addition NAME MILLER, RANDY S NAME John T. Gaiser STREET ADDRESS 300'E. ESPLANADE DRIVE, SUITE 1250 27001 W. Agoura Road, Ste 325 ~ STREET ADDRESS CITY-ST-ZIP **OXNARD, CA 93036** CITY-ST-ZIP Agoura Hills, CA 91301 TITLE TITLE ☐ Delete 1 Change ☐ Addition NAME. NAME Christopher Powell STREET ADDRESS STREET ADDRESS 27001 W. Agoura Road, Suite 325 CITY-ST-ZIP CITY-ST-ZIP Agoura Hills, CA 91301 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME Randolph S. Miller STREET ADDRESS STREET ADDRESS 27001 W. Agoura Road, Suite 325 Agoura Hills, CA 91301 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 +06 (888) 241-8156

FILED