## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000007335

City-St-Zip:

LONSDALE, MN 55046

Entity Name: QC INSPECTION SERVICES-FLORIDA, INC.

FILED May 01, 2006 Secretary of State

	90 11101	LOTION GERMIOLOT LOTIES.	, 1140.		
Current Pi	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	RTLAND AVEN LE, MN 5533	NUE SOUTH #102 7			
Current Mailing Address:			New Mailing Address:		
	RTLAND AVEN LE, MN 5533	NUE SOUTH #102 7			
FEI Number:	20-3689951	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
LANE, GARY B 4858 SW 107TH LOOP OCALA, FL 34476 US			LANE, GARY B 4958 SW 107TH LOC OCALA, FL 34476	4958 SW 107TH LOOP	
The above in the State	named entity s of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:			05/01/2006	
	Electror	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution (  ).	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CD ( ) LANE, GARY B 4958 SW 107T OCALA, FL 34	H LOOP	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PST ( ) LANE, GARY B 4958 SW 107T OCALA, FL 34	H LOOP	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VCVP ( ) MEDFORD, DA 14343 FAIRBAI		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: GARY B. LANE PRES 05/01/2006