2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# F08000002589

Entity Name: Q.M. BEARINGS & POWER TRANSMISSION INC.

Current Principal Place of Business:

4752 LAKELAND COMMERCE PKWY STE 4
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

5345A LABOUNTY DRIVE
FERNDALE, WA 98248

New Mailing Address:

FEI Number: 98-0169341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KAMP, GREEG S ESQ
6155 S. FLORIDA AVE STE 10
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: SHAW, CORY
Address: 5345A ALBOUNTY DRIVE
City-St-Zip: FERNDALE, WA 98248

Title: D ( ) Delete
Name: FLAHERTY, MARK
Address: 5345A ALBOUNTY DRIVE
City-St-Zip: FERNDALE, WA 98248

Title: D ( ) Delete
Name: SETHEN, JOHN
Address: 5345A ALBOUNTY DRIVE
City-St-Zip: FERNDALE, WA 98248

Title: DST ( ) Delete
Name: GU, JUSTIN
Address: 5345A ALBOUNTY DRIVE
City-St-Zip: FERNDALE, WA 98248

Title: D ( ) Delete
Name: YORSTON, DON
Address: 5345A ALBOUNTY DRIVE
City-St-Zip: FERNDALE, WA 98248

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JUSTIN GU DST 03/23/2009

Electronic Signature of Signing Officer or Director — Date