

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004249

Entity Name: Q HOLDINGS, INC.

FILED  
Feb 11, 2009  
Secretary of State

**Current Principal Place of Business:**

5326 YACHT HAVEN GRANDE STE 201  
ST THOMAS, VI 00802

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7939  
ST THOMAS, VI 00801

**New Mailing Address:**

FEI Number: 66-0717775

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 E PARK AVE  
TALLAHASSEE, FL 32301 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: P ( ) Delete  
Name: JI, NIUNIU  
Address: 5326 YACHT HAVEN GRANDE STE 201  
City-St-Zip: ST THOMAS, VI 00802

Title: VT ( ) Delete  
Name: BRANT, MICHAEL C  
Address: 5326 YACHT HAVEN GRANDE STE 201  
City-St-Zip: ST THOMAS, VI 00802

Title: S ( ) Delete  
Name: BAKER, DALE EL C  
Address: 5326 YACHT HAVEN GRANDE STE 201  
City-St-Zip: ST THOMAS, VI 00802

**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:

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: HOMER APPLEBY

ATTY

02/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date