


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90204 028 \*\*\*158.75

<b>DOCUMENT # F93000003784</b> 1. Entity Name <b>QUESTCORP HOLDINGS INC.</b>					
Principal Place of Business <b>11 MUIR AVE. HAMILTON ONTARIO, CANADA, CA L8T2T-9</b>			Mailing Address <b>11 MUIR AVE. HAMILTON ONTARIO, CANADA, CA L8T2T-9</b>		
2. Principal Place of Business - No P.O. Box # <b>75 QUEEN ST. N. #808</b> Suite, Apt. #, etc.		3. Mailing Address <b>75 QUEEN ST. N. #808</b> Suite, Apt. #, etc.			
City & State <b>HAMILTON - ONTARIO</b> Zip <b>L8R3J3</b>		City & State <b>HAMILTON - ONTARIO</b> Zip <b>L8R3J3</b>		4. FEI Number <b>98-0110326</b>	
Country <b>CANADA</b>		Country <b>CANADA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WINTERS, ELISE 133 N. FT. HARRISON AVE. CLEARWATER, FL 33755</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>VANDERVELDE, HENDRIK F</b> <b>11 MUIR AVE.</b> <b>ONTARIO, CANADA, CA L8T2T9</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VANDERVELDE, HENDRIK F.</b> <b>75 QUEEN ST. N. #808</b> <b>HAMILTON - ONTARIO CANADA L8R3J3</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 or without other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <span><i>Apr 4 - 2007</i></span> <span><i>905-528-3131</i></span> </div>					