

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90265 014 ***150.00

DOCUMENT # F94000000023 1. Entity Name QUAL-TEC MANAGEMENT CORP.					
Principal Place of Business 4550 US ONE GRANT, FL 32905 US			Mailing Address PO BOX 780309 SEBASTIAN, FL 32978		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04152007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 11-2217410	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARPENTER, JOHN 4550 US ONE GRANT, FL 32905			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="border: 1px solid black; padding: 2px; margin: 5px;"> 5 Seahorse Lane VERO BEACH FL 32960 </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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AARAAS, KRISTIN L		NAME		
STREET ADDRESS	79 NORTH POND ROAD		STREET ADDRESS		
CITY - ST - ZIP	CHESTER, NH 03036		CITY - ST - ZIP		
TITLE	CT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARPENTER, FOREST A		NAME		
STREET ADDRESS	4550 US 1 (GRANT)		STREET ADDRESS		
CITY - ST - ZIP	PALM BAY, FL 32905		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARPENTER, JOHN		NAME	5 Seahorse Lane	
STREET ADDRESS	6043 ISLAND HARBOR RD.		STREET ADDRESS	VERO BEACH FL 32960	
CITY - ST - ZIP	SEBASTIAN, FL 32958		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARPENTER, WILLIAM		NAME	109 Becker Ave	
STREET ADDRESS	3752 RENAULD PL.		STREET ADDRESS	Sebastian FL 32958	
CITY - ST - ZIP	MICCO, FL 32976		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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.					
SIGNATURE: <u>William Carpenter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/17/07 321-952-1303 <small>Date Daytime Phone #</small>		