

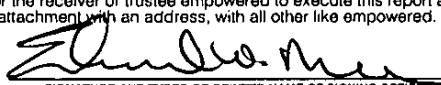


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000004440 1. Entity Name QUICK TEST, INC.			
Principal Place of Business 1061 E. INDIANTOWN ROAD SUITE 300 JUPITER, FL 33477		Mailing Address 1061 E. INDIANTOWN ROAD SUITE 204 JUPITER, FL 33477	
DO NOT WRITE IN THIS SPACE			
		04262007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 06-1431754	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE	
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 reinstating) 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LEFFERDINK, VAN M 124 BEARS CLUB DRIVE JUPITER, FL 33477		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DEAN, EDWARD W 1061 E INDIANTOWN RD STE 300 JUPITER, FL 33477		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODGERS, ADAM 33 PRINCEWOOD LN PALM BCH GARDENS, FL 33410		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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: 		4/15/07 564 748 09 51	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

U000000744877
05/16/07-80006-016 150.00

**DO NOT WRITE
IN THIS SPACE**