

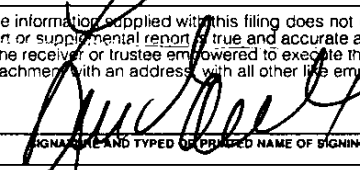


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90203 022 ***150.00

DOCUMENT # F96000005589 1. Entity Name Q.E.P. CO., INC.					
Principal Place of Business 1001 BROKEN SOUND PKWY STE A BOCA RATON, FL 33487 US				Mailing Address C/O HOLLAND & KNIGHT LLP 701 BRICKELL AVENUE, STE. 3000 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="font-size: 24px; font-weight: bold; transform: rotate(-5deg);">40081753</div> 	
4. FEI Number 13-2983807				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02212007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent INTERSTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, STE. 3000 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	CCEO GOULD, LEWIS <input type="checkbox"/> Delete 1001 BROKEN SOUND PKWY BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ICFO FLEISCHER, STUART <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1001 BROKEN SOUND PKWY BOCA RATON, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Delete GOULD, LEONARD J 1001 BROKEN SOUND PKWY BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MUIR, JR., ROBERT 1001 BROKEN SOUND PKWY BOCA RATON, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete GOULD, SUSAN J 1001 BROKEN SOUND PKWY BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HOLM, LAURA 1001 BROKEN SOUND PKWY BOCA RATON, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ICFO <input checked="" type="checkbox"/> Delete RANDALL, PAULFUS 1001 BROKEN SOUND PKWY. BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KRELEIN, DANIEL DAVID 1001 BROKEN SOUND PKWY BOCA RATON, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete NAST, CHRISTIAN 1001 BROKEN SOUND PKWY BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VOGEL, EMIL 1001 BROKEN SOUND PKWY BOCA RATON, FL 33487		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 all other lists empowered.					
SIGNATURE:  LEWIS GOULD 4/23/07 561-994-5550 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					