2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 8:00 am Secretary of State DOCUMENT # F96000005589 04-28-2008 90408 026 ***150.00 1. Entity Name Q.E.P. CO., INC. 4000101 Principal Place of Business Mailing Address 1001 BROKEN SOUND PKWY C/O HOLLAND & KNIGHT LLP 701 BRICKELL AVENUE, STE. 3000 STE A BOCA RATON, FL 33487 US MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242008 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 13-2983807 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOULD, LEWIS CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS, FL 33410 1001 BROKED SOUND PKWY, NW STEA BOCA RATON 8. The above named entity the obligations of register etatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept submite GOULD SIGNATI CEO (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CCFO ☐ Delete TITLE KREILEN, DAVID Change Addition GOULD, LEWIS NAME ICOI BROKEN SOUND PKWY 1001 BROKEN SOUND PKWY STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-ZIP 🛂 BOCA RATON, FL 33487 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition WALTELS , ROBERT GOULD, LEONARD J NAME NAME 1001 BROKEN SOUND PKWY 1001 BLOKEN SOUND PIKET STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-ZIP CITY-ST-7IP RATON : FL 33487 TITLE ☐ Delete TITLE ☐ Change Addition NAME GOULD, SUSAN J NAME STREET ADDRESS 1001 BROKEN SOUND PKWY STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP TITLE ICEO ☐ Delete TITLE ☐ Change Addition NAME FLEISCHER, STUART NAME STREET ADDRESS 1001 BROKEN SOUND PKWY. STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP TITLE TITLE Delete Delete Change Addition NAME HOLM, LAURA NAME STREET ADDRESS 1001 BROKEN SOUND PKWY STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-7IF TITLE ☐ Defete TITLE ■ Addition VOGEL, EMIL NAME NAME STREET ADDRESS 1001 BROKEN SOUND PKWY STREET ADDRESS BOCA RATON, FL 33487 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.

EUOS BLOWN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

561-994-5550