2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 08:00 A
Secretary of State

DOCUMENT # F97000000921

1. Entity Name
QS RETAIL, INC.

Principal Place of Business	Mailing Address
750 COLLINS AVE MIAMI, FL 33139	15202 GRAHAM ST HUNTINGTON BEACH, CA 92649

DO NOT WRITE IN THIS SPACE

04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
33-0740505

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** My e Added to Fee

U00000563107
05/19/06-80082-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	EXON, CHARLES
STREET ADDRESS	15202 GRAHAM STREET
CITY-ST-ZIP	HUNTINGTON BEACH, CA 92649
TITLE	T
NAME	BUSSIERE, BILL
STREET ADDRESS	15202 GRAHAM STREET
CITY-ST-ZIP	HUNTINGTON BEACH, CA 92649
TITLE	SECR
NAME	EXON, CHARLES
STREET ADDRESS	15202 GRAHAM ST
CITY-ST-ZIP	HUNTINGTON BEACH, CA 92649
TITLE	VPT
NAME	FULLERTON, SCOTT
STREET ADDRESS	15202 GRAHAM ST
CITY-ST-ZIP	HUNTINGTON BEACH, CA 92649
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 5/1/06 (714)889-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #