

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G32894

FILED
Mar 29, 2006
Secretary of State

Entity Name: QUALITY GOLDFISH, INC.

Current Principal Place of Business:

% KEVIN P. HANNON
4795 122ND AVE. NO.
CLEARWATER, FL 34622

New Principal Place of Business:

Current Mailing Address:

% KEVIN P. HANNON
4795 122ND AVE. NO.
CLEARWATER, FL 34622

New Mailing Address:

FEI Number: 59-2293781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANNON, KEVIN P.
4795 122 AVE. NO.
CLEARWATER, FL 34622 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VTD () Delete
Name: HANNON, MARY M.,
Address: 3672-70 ST. N.
City-St-Zip: ST. PETERSBURG, FL

Title: PD () Delete
Name: HANNON, KEVIN,
Address: 9843 49TH AVE. NO.
City-St-Zip: ST PETERSBURG, FL

Title: S () Delete
Name: CLEMENT, KATHLEEN M
Address: 13634-NW 70 STREET
City-St-Zip: MORRISTON, FL 32688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VTD (X) Change () Addition
Name: HANNON, MARY M.,
Address: 3672 70 ST. N.
City-St-Zip: ST. PETERSBURG, FL 33710

Title: PD (X) Change () Addition
Name: HANNON, KEVIN,
Address: 11892 WALKER AVENUE
City-St-Zip: SEMINOLE, FL 33772

Title: S (X) Change () Addition
Name: CLEMENT, KATHLEEN M
Address: 6475 SW 64TH AVENUE
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN P. HANNON

PD

03/29/2006

Electronic Signature of Signing Officer or Director

_____ Date