2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # H94077 STUART QUAY LIMITED, INC. Principal Place of Business Mailing Address 1209 EAST OCEAN BLVD. 1209 EAST OCEAN BLVD. STUART, FL 34996 STUART, FL 34996 04052006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2622131 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HUDDLESTON, STANLEY DO NOT WRITE 1209 EAST OCEAN BLVD. STUART, FL 34996 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 Signature, typed or granted name of registered agent and (life II applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PST NAME HUDDLESTON, STANLEY STREET ADDRESS 334 CARDINAL WAY CITY-ST-ZIP STUART, FL ۷P TITLE HUDDLESTON, DIANA NAME U00000497736 04/22/06-80065-025 1**50.00** STREET ACCRESS 334 CARDINAL WAY CITY-ST-ZIP STUART, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THE 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 reporter pritrustee 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 attagriment with art address. With all other like empowered.

SIGNATURE

NAME STREET ADDRESS

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED