


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90092 006 ****55.00

DOCUMENT # L04000030198	
1. Entity Name QUALITY CHAIN MANAGEMENT INTERNATIONAL, L.L.C.	

Principal Place of Business 1223 AIRPORT ROAD 101 DESTIN, FL 32541	Mailing Address 1223 AIRPORT ROAD 101 DESTIN, FL 32541
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2. Principal Place of Business 4400 EAST HWY 20 Suite, Apt. #, etc. SUITE 211 City & State NICEVILLE, FL Zip 32578 Country USA	3. Mailing Address 4400 EAST HWY 20 Suite, Apt. #, etc. SUITE 211 City & State NICEVILLE, FL Zip 32578 Country USA
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07222005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1017199	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HAVENS, JASON E 1223 AIRPORT ROAD 101 DESTIN, FL 32541	7. Name and Address of New Registered Agent Name HAVENS & MILLER, P.L.L.C. Street Address (P.O. Box Number is Not Acceptable) 4400 EAST HIGHWAY 20 SUITE 211 City NICEVILLE FL Zip Code 32578
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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 	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCDERMIT, JOHN H. 1223 AIRPORT ROAD DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GARCIA, JACOB I ZIG ZON 2655 MELKSEE RD, SUITE D SAN DIEGO, CA 92154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	M I ZIG ZON, JOHANNAN 2655 MELKSEE RD, SUITE D SAN DIEGO, CA 92154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	M TRIANT TRUST, LLC 4400 EAST HWY 20, SUITE 211 NICEVILLE, FL 32578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 	Date 5/20/2005	Daytime Phone # 850-897-6733
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