2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Secretary of State DOCUMENT #L36885 1. Entity Name 02-12-2007 90078 030 ***150.00 SWQ HOLDINGS, INC. Principal Place of Business Mailing Address 225 NORTHEAST MIZNER BOULEVARD 225 NORTHEAST MIZNER BOULEVARD SUITE 780 SUITE 780 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # MIZMA BIND 02012007 Cha-P CR2E034 (12/06) 4. FEI Number Applied For 65-0163084 Not Applicable Countr \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEFFREY H BECK TRUSTEE FOR SE BANKING CORP 225 NORTHEAST MIZNER BOULEVARD **SUITE 780** BOCA RATON, FL 33432 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** ted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVPS** TITLE ☐ Delete TITLE Change ☐ Addition NAME BECK, JEFFREY H NAME STREET ADDRESS 225 NORTHEAST MIZNER BLVD, SUITE 780 STREET ADDRESS aasne mizrol SUIR BOCK Ration CITY-ST-7IP 33432 BOCA RATON, FL 33432 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME BECK, JEFFREY H NAME 225 NORTHEAST MIZNER BLVD, SUITE 780 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

NG OFFICER OR DIRECTOR

FILED

Feb 12, 2007 8:00 am