

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010248

Entity Name: QUIK-AID INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

7100 ULMERTON RD. #635
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

7100 ULMERTON RD. #635
LARGO, FL 33771

New Mailing Address:

FEI Number: 56-2489530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUKIERSKI, PATRICK
7100 ULMERTON RD. #635
LARGO, FL 33771 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOX, KAREN
Address: 4419 MURFIELD DR. EAST
City-St-Zip: BRADENTON, FL 34203

Title: VP () Delete
Name: CUKIERSKI, PATRICK
Address: 7100 ULMERTON RD. #635
City-St-Zip: LARGO, FL 33771

Title: TD () Delete
Name: CORCO, GRETCHEN
Address: 2301 LAKEWOOD ST
City-St-Zip: LIMA, FL 45805

Title: SD () Delete
Name: PURTELL, KRISTIN
Address: 2269 WEST ELM ST
City-St-Zip: LIMA, FL 45805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CUKIERSKI, PATRICK
Address: 7100 ULMERTON RD. #635
City-St-Zip: LARGO, FL 33771

Title: TD (X) Change () Addition
Name: CORSO, GRETCHEN
Address: 2301 LAKEWOOD ST
City-St-Zip: LIMA, FL 45805

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN FOX

PRES

04/27/2005

Electronic Signature of Signing Officer or Director

Date