


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90004 033 \*\*\*\*61.65

<b>DOCUMENT # N04000010248</b>	
1. Entity Name <b>QUIK-AID INC.</b>	

Principal Place of Business <b>7100 ULMERTON RD. #635 LARGO, FL 33771</b>	Mailing Address <b>7100 ULMERTON RD. #635 LARGO, FL 33771</b>
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**DO NOT WRITE IN THIS SPACE**



07112006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>56-2489530</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CUKIERSKI, PATRICK 7100 ULMERTON RD. #635 LARGO, FL 33771</b>	<b>DO NOT WRITE IN THIS SPACE</b>

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 *Karen Fox* (NOTE: Registered Agent signature required when reinstating) DATE *July 13, 2006*

<b>Filing Fee is \$81.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOX, KAREN 4419 MURFIELD DR. EAST BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUKIERSKI, PATRICK 7100 ULMERTON RD. #635 LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CORSO, GRETCHEN 2301 LAKEWOOD ST LIMA, FL 45805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PURTELL, KRISTIN 2269 WEST ELM ST LIMA, FL 45805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Karen Fox* *Karen Fox* *7-13-06* *941-753-8939*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #