2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000020126

1. Entity Name
Q SQUARED, INC.

Principal Place of Business	Mailing Address
16223 VILLARREAL DE AVILA TAMPA, FL 33613	16223 VILLARREAL DE AVILA TAMPA, FL 33613

02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3627263
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

QUIGLEY, JAMES M
16223 VILLARREAL DE AVILA
TAMPA, FL 33613

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	QUIGLEY, JAMES M
STREET ADDRESS	16223 VILLARREAL DE AVILA
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	SVPD
NAME	LEONE, FRANK A
STREET ADDRESS	40 KNOLLWOOD ROAD
CITY-ST-ZIP	EAST HARTFORD, CT 06118
TITLE	TD
NAME	MANDEL, STEVE
STREET ADDRESS	16405 ZURRAQUIN DE AVILA
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/24/06-80042-006 150.00

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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 607, 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: Frank A. Leone SECY-VPD FRANK A. LEONE 2-7-06 860-528-2145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY/VICE PRES. DIRECTOR Date Daytime Phone #