
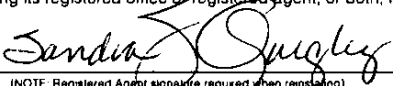
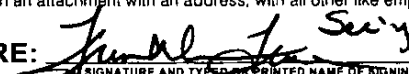


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90193 047 ***150.00

DOCUMENT # P00000020126 1. Entity Name Q SQUARED, INC.					
Principal Place of Business 16223 VILLARREAL DE AVILA TAMPA, FL 33613			Mailing Address 16223 VILLARREAL DE AVILA TAMPA, FL 33613		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3627263	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUIGLEY, JAMES M 16223 VILLARREAL DE AVILA TAMPA, FL 33613			7. Name and Address of New Registered Agent Name Sandra J. Quigley Street Address (P.O. Box Number is Not Acceptable) 16223 Villarreal De Avila City Tampa FL Zip Code 33613		
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 Sandra J. Quigley <small>Signature, typed or printed name of registered agent and title if applicable.</small>				4-25-2007 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUIGLEY, JAMES M 16223 VILLARREAL DE AVILA TAMPA, FL 33613	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD LEONE, FRANK A 40 KNOLLWOOD ROAD EAST HARTFORD, CT 06118	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANDEL, STEVE 16405 ZURRAQUIN DE AVILA TAMPA, FL 33613	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sandra J. Quigley 16223 Villarreal De Avila Tampa, FL 33613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sandra J. Quigley 16223 Villarreal De Avila Tampa, FL 33613	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sandra J. Quigley 16223 Villarreal De Avila Tampa, FL 33613	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sandra J. Quigley 16223 Villarreal De Avila Tampa, FL 33613	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sandra J. Quigley 16223 Villarreal De Avila Tampa, FL 33613	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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, Secretary 4/20/07 (860)528-2145					