2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

of the corporation or the receiver changed, or on an attachment w

SIGNATURE:

Mar 21, 2007 08:00 AM DOCUMENT # P00000063214 **Secretary of State** 1. Entity Name QUITATFORTY, INC. Principal Place of Business Mailing Address 974 BAYSHORE DRIVE 974 BAYSHORE DRIVE TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 No Chg-P CR2E034 (11/05) 03092007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3655323 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARCUS, BRETT DO NOT WRITE 974 BAYSHORE DR TARPON SPRINGS, FL 34689 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent a gnature required when reinstating) 000000674317 03/29/07-80065-024 150.00 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE MARCUS, BRETT A NAME 974 BAYSHORE DRIVE STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689 STREET ADDRESS CITY-ST-71P NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information 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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if t hereby certify that the information indicated on this report or supple;

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Davime Phone #