2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# P01000101952

Entity Name: QUALITY CARE PAINT & BODY SHOP, INC.

Current Principal Place of Business:

904 N. TAYLOR RD.
SEFFNER, FL 33584

New Principal Place of Business:

7728 E HILLSBOROUGH AVENUE
TAMPA, FL 33610 US

Current Mailing Address:

904 N. TAYLOR RD.
SEFFNER, FL 33584

New Mailing Address:

7728 E HILLSBOROUGH AVENUE
TAMPA, FL 33610 US

FEI Number: 59-3754213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAPNEY, STEVEN
904 N. TAYLOR RD.
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

HAPNEY, STEVEN
7728 E HILLSBOROUGH AVENUE
TAMPA, FL 33610 US

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: _____ 04/17/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MORGAN, YAPING
Address: 904 N. TAYLOR RD.
City-St-Zip: SEFFNER, FL 33584

Title: SD ( ) Delete
Name: MORGAN, ROBERT
Address: 904 N. TAYLOR RD.
City-St-Zip: SEFFNER, FL 33584

Title: VD (X) Delete
Name: HAPNEY, STEVEN
Address: 904 N. TAYLOR RD.
City-St-Zip: SEFFNER, FL 33584

Title: TD (X) Delete
Name: HAPNEY, DONNA F
Address: 904 N. TAYLOR RD.
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HAPNEY, STEVEN
Address: 7728 E HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33610

Title: VD (X) Change ( ) Addition
Name: HAPNEY, DONNA
Address: 7728 E HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33610

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

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 Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA HAPNEY VD 04/17/2006
Electronic Signature of Signing Officer or Director — Date