2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2005
Secretary of State

DOCUMENT# P01000118501

Entity Name: QUILTS & OTHER COMFORTS, INC.

Current Principal Place of Business:

100 SOUTH BAY STREET
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

100 SOUTH BAY STREET
EUSTIS, FL 32726

New Mailing Address:

FEI Number: 01-0566252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMPE, DONALD
2200 SOUTH OCEAN LANE
#802
FORT LAUDERDALE, FL 333163830 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: ELLIS, SUZAN
Address: 947 N. DONNELLY ST.
City-St-Zip: MOUNT DORA, FL 32757

Title: C ( ) Delete
Name: LAMPE, DONALD
Address: 2200 S. OCEAN LN. #802
City-St-Zip: FORT LAUDERDALE, FL 333163830

Title: T (X) Delete
Name: RAMEN, NANCY
Address: 3080 NE 47TH CT. #204
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VP ( ) Delete
Name: BROWE, JILL
Address: 100 S. BAY ST.
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Section 119.07(3)(i), 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: JILL BROWE VP 02/26/2005

Electronic Signature of Signing Officer or Director — Date