2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000063742

Entity Name: AJM QUEST, INC.

FILED Jan 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

69 POINTE RD. 156 MASTERS COURT

SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459

Current Mailing Address: New Mailing Address:

P.O. BOX 2275

SANTA ROSA BEACH, FL 32459

FEI Number: 04-3686967 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCALL, ALICE
69 POINTE RD.

MCCALL, ALICE
156 MASTERS COURT

SANTA ROSA BEACH, FL 32459 US SANTA ROSA BEACH, FL 32459 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: ALICE MCCALL 01/30/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 MCCALL, ALICE
 Name:
 MCCALL, ALICE

 Address:
 69 POINTE RD.
 Address:
 156 MASTERS COURT

City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: SANTA ROSA BEACH, FL 32459

 Name:
 MCCALL, ALICE J
 Name:
 MCCALL, ALICE J

 Address:
 69 POINTE RD.
 Address:
 156 MASTERS COURT

City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: SANTA ROSA BEACH, FL 32459

 Name:
 MCCALL, ALICE

 Address:
 69 POINTE RD.

 Address:
 156 MASTERS COURT

City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: SANTA ROSA BEACH, FL 32459

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: ALICE MCCALL P 01/30/2005