2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000078298

1. Entity Name
QUALITYMARK, INC.

Principal Place of Business	Mailing Address
119 BULLARD PKWY STE E TAMPA, FL 33617 US	311 S. GLEN ARVEN AVENUE TEMPLE TERRACE, FL 33617 US

DO NOT WRITE IN THIS SPACE

01122006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
02-0633329	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BEANS, MARK S
311 S. GLEN ARVEN AVENUE
TEMPLE TERRACE, FL 33617

DO NOT WRITE 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 signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BEANS, MARK S
STREET ADDRESS	311 S. GLEN ARVEN AVENUE
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617

TITLE	VP
NAME	BEANS, CRYSTAL L
STREET ADDRESS	311 S. GLEN ARVEN AVENUE
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617

TITLE	
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STREET ADDRESS	
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01/24/06-80042-015 150.00

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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: _____ Crystal Beans   1/13/06   813/987-9606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #