

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000001735 1. Entity Name ENVIRONMENTAL QUALITY AIR CARE, INC.	
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Principal Place of Business 1677 U.S. HIGHWAY 17 SOUTH BARTOW, FN 33830	Mailing Address 1677 U.S. HIGHWAY 17 SOUTH BARTOW, FN 33830
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**DO NOT WRITE IN THIS SPACE**



07112006 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3116253	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MILLER, KEITH D 245 SOUTH CENTRAL AVENUE BARTOW, FL 33830
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**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)

U00000570412  
07/14/06 00014 019 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIDDENS, KELLEY D 1677 U.S. HIGHWAY 17 SOUTH BARTOW, FN 33830
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IN THIS SPACE**

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: Kelley D. Giddens  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-06 863-534-1866  
Date Daytime Phone #

*Kelley D. Giddens*