

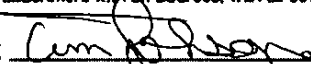
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90174 045 ***150.00

DOCUMENT # P03000050189 1. Entity Name QUALITY MARINE SERVICES OF BREVARD, INC.					
Principal Place of Business 120 S. SUZANNE CT. MERRITT ISLAND, FL 32952			Mailing Address 120 S. SUZANNE CT. MERRITT ISLAND, FL 32952		
2. Principal Place of Business 660 Oleander Drive Suite, Apt. #, etc.		3. Mailing Address 660 Oleander Drive Suite, Apt. #, etc.			
City & State Merritt Island, FL		City & State Merritt Island, FL		4. FBI Number 20-0015794	
Zip 32952		Country Brevard		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, TIM 120 S. SUZANNE CT MERRITT ISLAND, FL 32952				7. Name and Address of New Registered Agent Name Tim Johnson Street Address (P.O. Box Number is Not Acceptable) 660 Oleander Drive City Merritt Island FL Zip Code 32952	
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 _____ Tim Johnson, Reg. Agent 04/27/06 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JOHNSON, TIM 120 S. SUZANNE CT. MERRITT ISLAND, FL 32952	☐ Delete ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURCH, DENNIS 120 S. SUZANNE CT. MERRITT ISLAND, FL 32952	☐ Delete ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete ☐ Change ☐ Addition			

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: 

Tim Johnson, Director

04/27/06

32449-0238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #