2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2005 08:00 AN Secretary of State DOCUMENT # P03000062452 1. Entity Name QUALITY MOBILE CAR CARE CO, INC. Principal Place of Business --- Mailing Address 1903 SE WASHINGTON ST 1903 SE WASHINGTON ST STUART, FL 34997 STUART, FL 34997 04182005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 06-1700174 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent DIAZ, EDWARD W DO NOT WRITE 1903 SE WASHINGTON ST STUART, FL 34997 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 it applicable. (NOTE: Registered Anomy signature required when reinstation) CATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DIAZ, EDWARD W ⁼1000000335619 NAME STREET ADDRESS 1903 SE WASHINGTON ST 04/27/05-80091-025 150.00 CITY-ST-ZIP STUART, FL 34997 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY -ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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. DWARD. W DIAZ

SIGNATURE:

STREET ADDRESS CRY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

772-287-3191

FILED

Daytime Phone #