


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2006 8:00 am
Secretary of State

09-13-2006 90002 032 ***150.00

DOCUMENT # P03000062452		
1. Entity Name QUALITY MOBILE CAR CARE CO, INC.		

Principal Place of Business 1903 SE WASHINGTON ST STUART, FL 34997	Mailing Address 1903 SE WASHINGTON ST STUART, FL 34997
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2. Principal Place of Business 898 SW HAAS AVENUE Suite, Apt. #, etc.	3. Mailing Address 898 SW HAAS AVENUE Suite, Apt. #, etc.
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PORT ST LUCIE, FLORIDA City & State	PORT ST LUCIE, FL City & State
34953 Zip	34953 Zip
ST LUCIE Country	ST LUCIE Country



09022006 Chg-P CR2E034 (11/05)

4. FEI Number 06-1700174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIAZ, EDWARD W 1903 SE WASHINGTON ST STUART, FL 34997	7. Name and Address of New Registered Agent Name: DIAZ EDWARD W Street Address (P.O. Box Number is Not Acceptable): 898 SW HAAS AVENUE City: PORT ST LUCIE FL Zip Code: 34953
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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: EDWARD W. DIAZ DATE: 09-02-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, EDWARD W 1903 SE WASHINGTON ST STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, EDWARD W. 898 SW HAAS AVE, PORT ST LUCIE, FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	PRES. 09-02-06 772-263-1213
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>

ATTACHMENT

60038864

QUALITY MOBILE CAR CARE COMPANY, INC
898 S W HAAS AVENUE
PORT ST LUCIE, FLORIDA 34984
TEL #772-263-1213

September 02, 2006

Florida Department of State
P O Box 1500
Tallahassee, FL 32302-1500

RE: Document #P03000062452
2006 For Profit Corporation Annual Report

Gentlemen:

Please find enclosed the above captioned form.

Due to my recent move, I have been having difficulty receiving my mail and did not receive any notification of the report being due.

In speaking with my accountant, she questioned whether or not I had filed as she had seen no proof in my checkbook.

She prepared the report for me and I am forwarding at this time along with my check for \$150.00. I request your consideration of this check as payment in full.

Should you have any questions or need additional information, don't hesitate to contact me.

Sincerely,

Edward W Diaz, Pres
QMCCC, Inc