## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000076971

City-St-Zip:

FORT LAUDERDALE, FL 33315

FILED Jun 06, 2006 Secretary of State

Entity Name: QUICK BROWN FOX, INCORPORATED					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	0TH PLACE DERDALE, FL	33315			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	0TH PLACE DERDALE, FL	33315			
FEI Number:	55-0841850	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
NELSON, DARLENE 6861 ORANGE DRIVE DAVIE, FL 33314 US			1549 SW 30TH PLACE	DUAILIBI, NICOLAU PD 1549 SW 30TH PLACE FORT LAUDERDALE, FL 33315 US	
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.					
SIGNATURE: NICOLAU DUAILIBI				06/06/2006	
Electronic Signature of Registered Agent			t	Date	
		(2)(b), F.S., the corporation did not to Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () DUAILIBI, NICOI 1549 S.W. 30TH FORT LAUDERE	PLACE	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TSD () WEBB, ELOISE 1549 S.W. 30TH FORT LAUDERD	PLACE	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address:	D () DUAILIBI, ERIKA 1549 S.W. 30TH		Title: ( Name: Address:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: NICOLAU DUAILIBI PD 06/06/2006