

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000125503

FILED
Jul 17, 2007
Secretary of State

Entity Name: QUARTER MILE PERFORMANCE CONCEPTS, INC.

Current Principal Place of Business:

6490 WEST COMMERCIAL BLVD
LAUDERHILL, FL 33319

New Principal Place of Business:

3519 NW 19TH STREET
LAUDERDALE LAKES, FL 33311

Current Mailing Address:

10661 NW 17 PL
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 80-0082611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AIRD, IAN ESQ
269 N UNIVERSITY DR
SUITE F
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOSINE, TROY
Address: 10661 NW 17 PL
City-St-Zip: PLANTATION, FL 33322

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: GOSINE, DARREN
Address: 10661 NW 17 PL
City-St-Zip: PLANTATION, FL 33322

Title: D () Change (X) Addition
Name: EHRICH, GEOFFREY
Address: 1643 PLUNKETT STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Change (X) Addition
Name: EHRICH, JOSHUA
Address: 332 189ST
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: TROY GOSINE

D

07/17/2007

Electronic Signature of Signing Officer or Director

_____ Date