2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147481

4203 JUNIPER ST

PORT CHARLOTTE, FL 33948

Address:

City-St-Zip:

Entity Name: SOUTHERN QUALITY FRAMING MANAGEMENT COMPANY

FILED May 01, 2006 Secretary of State

_many man		EINT GOVERT THOUMING WAY	A COLINICIA I COMI A MA	• •		
Current P	rincipal Plac	e of Business:	New Prince	New Principal Place of Business:		
	LANO CIR ORT, FL 342	86				
Current M	lailing Addre	ess:	New Maili	New Mailing Address:		
	LANO CIR ORT, FL 342	86				
FEI Number	: 20-0399550	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and	Address o	of New Registered Agent:	
18343 TW	T, CHRISTOF ILITE AVE ARLOTTE, FI		4682 FORI	SKELLETT, CHRISTOPHER 4682 FORLANO CIRCLE NORTH PORT, FL 34286 US		
The above in the State	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATU	RE: CHRIST	OPHER SKELLETT		05/01/2006		
	Electro	onic Signature of Registered Ag	ent		Date	
		93(2)(b), F.S., the corporation did n	ot receive the prior notic	e.		
	S AND DIRE	• , ,	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SKELLETT, C 18343 TWILIT) Delete HRISTOPHER 'E AVE OTTE, FL 33948	Title: Name: Address: City-St-Zip:	4682 FORL	(X) Change () Addition CHRISTOPHER ANO CIRCLE RT, FL 34286 US	
Title: Name: Address: City-St-Zip:	CHANDLER,	RT RD APT H-1	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SNOOK, MAT 425 SPRINGF) Delete THEW FIELD BLVD NW OTTE, FL 33950	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name:	V (. HARROP, WII	X) Delete LLIAM R	Title: Name:		() 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.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER SKELLETT P 05/01/2006