2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149291

Title:

Name:

Address:

City-St-Zip:

(X) Delete

PRICE, DAWN

9234 COUNTY RD 635

SEBRING, FL 33872

Entity Name: QUALITY 1ST CONSTRUCTION & ALUMINUM INC

FILED Apr 27, 2005 Secretary of State

	ioi QO/\Liii	TOT CONCINCION WAL	OWN VOW						
Current Principal Place of Business:				New Principal Place of Business:					
9234 COUN SEBRING, I									
Current Mailing Address:				New Mailing Address:					
9234 COUN SEBRING, I									
FEI Number: 20-0519833 FEI Number Applied For () FEI Nu			FEI Nur	umber Not Applicable () Certificate of Status Desired ()					
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:					
209 US 27 S LAKE PLAC	DID, FL 33852		purpose o	of changing it	s registered (office or r	egistered ag	gent, or both,	
SIGNATUR									
Electronic Signature of Registered Agent					Date				
Election Cam	paign Financing	Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	PT () PRICE, THOMAS 9234 COUNTY R SEBRING, FL 3	RD 635		Title: Name: Address: City-St-Zip:	PT (X PRICE, THOM 9234 COUNTY SEBRING, FL	AS 'RD 635	() Addition		
Title: Name: Address: City-St-Zip:	VP () PRICE, STEVEN 8438 VALENCIA ORLANDO, FL	LN, APT 305		Title: Name: Address: City-St-Zip:	S (X PRICE, DAWN 9234 COUNTY SEBRING, FL	IM RD 635	() Addition		

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

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DAWN M. PRICE SECR 04/27/2005

() Change () Addition