


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State

06-07-2006 90003 032 ***150.00

DOCUMENT # P03000151829	
1. Entity Name C.Q. CONSTRUCTION, INC.	

Principal Place of Business 157 GILLIS DR CRESTVIEW, FL 32536	Mailing Address 157 GILLIS DR CRESTVIEW, FL 32536
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05262006 Chg-P CR2E034 (11/05)	
4. FEI Number 86-1091571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

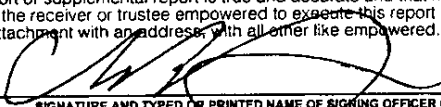
6. Name and Address of Current Registered Agent	
QUARRIER, CHRIS 157 GILLIS DR CRESTVIEW, FL 32536	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUARRIER, CHRIS	NAME	
STREET ADDRESS	157 GILLIS DR	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW, FL 32536	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUARRIER, CODY L	NAME	
STREET ADDRESS	2068 SHOCKLEY SPRINGS ROAD	STREET ADDRESS	
CITY-ST-ZIP	BAKER, FL 32531	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUARRIER, PAUL	NAME	
STREET ADDRESS	1508 TEXAS PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW, FL 32536	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUARRIER, ELLIS II	NAME	
STREET ADDRESS	1508 TEXAS PKWY	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW, FL 32536	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	Chris Quarrier President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 6-5-06 Daytime Phone #