
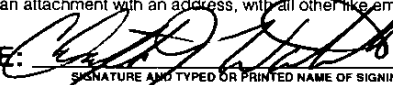


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90299 035 ***150.00

DOCUMENT # P04000019029 1. Entity Name QT CONSULTING, INC.					
Principal Place of Business 2601 WELLS AVENUE 121 FERN PARK, FL 32730 US			Mailing Address 2601 WELLS AVENUE 121 FERN PARK, FL 32730 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0646173	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PIERCEFIELD, DAVID S 100 E SYBELIA AVE STE 205 MAITLAND, FL 32751				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUATTRY, STEVE		NAME	QUATTRY, STEVE	
STREET ADDRESS	2601 WELLS AVENUE, SUITE 121		STREET ADDRESS	2601 WELLS AVENUE, SUITE 121	
CITY-ST-ZIP	FERN PARK, FL 32730		CITY-ST-ZIP	FERN PARK, FL 32730	
TITLE	D <input type="checkbox"/> Delete		TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATHALL, CHRIS		NAME	WALTHALL, CHRIS	
STREET ADDRESS	2601 WELLS AVENUE, SUITE 121		STREET ADDRESS	2601 WELLS AVENUE, SUITE 121	
CITY-ST-ZIP	FERN PARK, FL 32730		CITY-ST-ZIP	FERN PARK, FL 32730	
TITLE	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	REYNOLDS, JAMES	
STREET ADDRESS			STREET ADDRESS	2601 WELLS AVENUE, SUITE 121	
CITY-ST-ZIP			CITY-ST-ZIP	FERN PARK, FL 32730	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		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 WALTHALL		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 05/02/2006 (407) 260-8500		