2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028640

Entity Name: NATE QUALITY STUCCO INC.

FILED Apr 30, 2009 Secretary of State

	rincipal Place of	Business:	New Princ	New Principal Place of Business:	
	WOOD OAKS CI FL 34761	RCLE			
Current M	lailing Address:		New Maili	ng Address:	
	WOOD OAKS CI FL 34761	RCLE			
FEI Number:	: 26-0961326	FEI Number Applied For()	FEI Number Not Appl	licable () Certificate of Status Desired (X)	
Name and	Address of Cur	rent Registered Agent:	Name and	Address of New Registered Agent:	
339 SÁER	THANIEL Y WOOD OAKS CI FL 34761 US				
	named entity sub of Florida.	omits this statement for the pur	pose of changing i	ts registered office or registered agent, or both,	
SIGNATUR					
		Signature of Registered Agent		Date	
Election Car	npaign Financing T	rust Fund Contribution ().			
OFFICERS	S AND DIRECTO	RS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Fitle: Name: Address: City-St-Zip:	PD () De BUSH, NATHANIEL 639 SHERWOOD OCOCEE, FL 347	- OAKS CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Γitle: √ame: √ddress:	() De	elete	Title:	PD () Change (X) Addition	
City-St-Zip:			Name: Address: City-St-Zip:	BUSH, NATHANIEL 639 SHREWOOD OAK OCOEE, FL 34761	
Fitle: Name: Address:	() De	elete	Address:	639 SHREWOOD OAK	
City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: City-St-Zip:	()De		Address: City-St-Zip: Title: Name: Address:	639 SHREWOOD OAK OCOEE, FL 34761 PD () Change (X) Addition BUSH, NATHANIEL 639 SHREWOOD OAK	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	· · · · · · · · · · · · · · · · · · ·	elete	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	639 SHREWOOD OAK OCOEE, FL 34761 PD () Change (X) Addition BUSH, NATHANIEL 639 SHREWOOD OAK OCOEE, FL 34761 PD () Change (X) Addition BUSH, NATHANIEL 639 SHREWOOD OAK	

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: NATHANIEL BUSH PD 04/30/2009