2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 27, 2008 8:00 am Secretary of State DOCUMENT # P04000068484 1. Entity Name 05-27-2008 90036 024 ***150.00 QUALITY WOODWORKS OF DELAND INC. Principal Place of Business Mailing Address 4444 58TH AVE N SAINT PETERSBURG FL 33714 4444 58TH AVE N SAINT PETERSBURG FL 33714 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4444 58 Th AUE N. Suite, Apt. #, etc. 4444 50th AUE Suite, Apt. #, etc 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For 56-2460815 Country SAMT AINT PETERS Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 33714 Fee Required pinallas 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KURT BRADY, KURT 4444 58TH AVE N SAINT PETERSBURG FL 33714 PETERS BURG 8. The above named entity summits 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. SIGNATURÉ Signature, typed or printed name of registried agent and the if amplicable. fNOTE. Registered Again eighnturn required when reinstating? FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Delete TITLE Change NAME BRADY, KURT NAME 732 W PENNSYLVANIA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND FL 32720 CITY-ST-ZIP ☐ Detete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Dalete TITLE THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ De ete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED