2006 FOR PROFIT CORPORATION

Apr 03, 2006 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P04000085815** 1. Entity Name Q.L PARTNERS, INC Principal Place of Business Mailing Address 2835 S. BUMBY AVE 2835 S. BUMBY AVE ORLANDO, FL 32806 ORLANDO, FL 32806 US CR2E034 (11/05) No Chg-P 03252006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1190181 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent NHUNG, NGUYEN T DO NOT WRITE 1878 TORREY DR ORLANDO, FL 32818 IN THIS SPACE 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. Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NGUYEN, NHUNG T NAME STREET ADDRESS 1878 TORREY DR ORLANDO, FL 32818 CITY-ST-ZIP U00000489473 04/1**8/**06-80016-010 150.00 HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CHTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

I hereby certify that the information supplied with this filing does not quality 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CITY-ST-ZIP TITE F NAME STREET ADDRESS CITY-ST-ZIP

407 -896-2220

FILED