2006 FOR PROFIT CORPORATION

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Apr 21, 2006 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # P04000107711** 04-21-2006 90103 007 ***158.75 ROYALT QUEST INC. Principal Place of Business Mailing Address <u> գրրոսնոտ</u> **125 NE 191ST STREET 125 NE 191ST STREET** MIAMI, FL 33179-3710 MIAMI, FL 33179-3710 2. Principal Place of Business PoB 824110 3501 Suite, Apt. #, etc. CR2E034 (11/05) 04192006 Cha-P 7D5 Applied For 4 FEI Number City & State City & State 20-1434761 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name vereso TAYLOR, THERESA L **125 NE 191ST STREET** MIAMI, FL 33179-3710 tolly wood 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. SIGNATURI (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Presiden Change ☐ Addition Taylor, Howard D. Jr 13301 NW 3rd St # 205 TAYLOR, HOWARD D JR. NAME NAME STREET ADDRESS **125 NE 191ST STREET** STREET ADDRESS MIAMI, FL 331793710 CITY-ST-ZIP CITY-ST-7IP 33028 Change Delete Addition TITLE TITLE TAYLOR, THERESA L NAME NAME STREET ADDRESS **125 NE 191ST STREET** STREET ADDRESS CITY-ST-7IP MIAMI, FL 331793710 CITY-ST-7IP <u> 3302%</u> Change ☐ Addition TITLE ☐ Delete TITLE NAME TAYLOR, THERESA L NAME Taylor inercon STREET ADDRESS 125 NE 191ST ST STREET ADDRESS MIAMI, FL 331793710 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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

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