2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006
Secretary of State

DOCUMENT# P04000124697

Entity Name: QUALITY DISCOUNT CAGES, INC.

Current Principal Place of Business:

1717 EAST BUSCH BLVD
SUITE 302
TAMPA, FL 33612

New Principal Place of Business:

15052 RONNIE DRIVE
SUITE 102
DADE CITY, FL 33523

Current Mailing Address:

1717 EASH BUSCH BLVD
SUITE 302
TAMPA, FL 33612

New Mailing Address:

15052 RONNIE DRIVE
SUITE 102
DADE CITY, FL 33523

FEI Number: 20-1576198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWLEY, MARTIN
25822 RISEN STAR DRIVE
WESLEY CHAPEL, FL 33544 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GOLDBERG, NORMAN
Address: 18527 AVOCET DRIVE
City-St-Zip: LUTZ, FL 33549

Title: V ( ) Delete
Name: HOWLEY, MARTIN
Address: 25822 RISEN STAR DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: S ( ) Delete
Name: HOWLEY, BRIGITTE
Address: 25822 RISEN STAR DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: T ( ) Delete
Name: GOLDBERG, KAREN
Address: 18527 AVOCET DRIVE
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change ( ) Addition
Name: GOLDBERG, NORMAN
Address: 18527 AVOCET DRIVE
City-St-Zip: LUTZ, FL 33549

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NORMAN GOLDBERG MR. 05/19/2006

Electronic Signature of Signing Officer or Director Date