



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90166 028 \*\*\*158.75

<b>DOCUMENT # P04000163396</b> 1. Entity Name <b>QA TECH, INC.</b>					
Principal Place of Business <b>2155 SANDRA BEAUJARD BLVD</b> <b>APT #103</b> <b>LAKELAND, FL 33813 US</b>			Mailing Address <b>2155 SANDRA BEAUJARD BLVD</b> <b>APT #103</b> <b>LAKELAND, FL 33813 US</b>		
2. Principal Place of Business <b>1209 ASTOR COMMONS PL.</b> Suite, Apt. #, etc. <b>APT #102</b>		3. Mailing Address <b>1209 ASTOR COMMONS PL.</b> Suite, Apt. #, etc. <b>APT #102</b>		<div style="font-size: 24px; font-weight: bold;">40069097</div> 	
City & State <b>BRANDON, FL</b>		City & State <b>BRANDON, FL</b>		4. FEI Number <b>20-1972488</b>	
Zip <b>33511</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BALLA, LAKSHMI</b> <b>2155 SANDRA BEAUJARD BLVD #103</b> <b>LAKELAND, FL 33813</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BALLA LAKSHMI</b> <b>1209 ASTOR COMMONS PL #102</b> <b>BRANDON, FL 33511</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ARZA, HANUMANTH RAO</b> <b>2155 SANDRA BEAUJARD BLVD #103</b> <b>LAKELAND, FL 33813</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ARZA, HANUMANTH RAO</b> <b>1209 ASTOR COMMONS PL #102</b> <b>BRANDON, FL 33511</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>A Hanumant Rao</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			APR-25-2006 (863) 513-2356 <small>Date Daytime Phone #</small>		