2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90390 035 ***150.00

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DOCUMENT # P05000002847

1. Entity Name
QUALITY DESIGNS BY J & T, INC

Principal Place of Business	Mailing Address
8433 CHESAPEAKE AVNUE NORTH PORT, FL 34286	8433 CHESAPEAKE AVNUE NORTH PORT, FL 34286

2. Principal Place of Business	3. Mailing Address
752 COMMERCE DRIVE	752 COMMERCE DRIVE
Suite, Apt. #, etc.: SUITE 4	Suite, Apt. #, etc.: SUITE 4
City & State: VENICE FL	City & State: VENICE FL
Zip: 34292 Country: SARASOTA	Zip: 34292 Country: SARASOTA

03162006 Chg-P CR2E034 (11/05)

4. FEI Number: 20-3120515 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRASER, JASON J 8433 CHESAPEAKE AVNUE NORTH PORT, FL 34286	Name: GRASER, JASON J Street Address (P.O. Box Number is Not Acceptable): 3138 GATUN ST City: NORTH PORT FL Zip Code: 34287

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: JASON J. GRASER PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRASER, JASON J 8433 CHESAPEAKE AVE NORTH PORT, FL 34286	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MC MURTRY, TRENCY M 8433 CHESAPEAKE AVE NORTH PORT, FL 34286	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S,T NYS, JOLENE 8433 CHESAPEAKE AVE NORTH PORT, FL 34286	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWARD J. NYS 9573 - 160 th AVE WEST OLIVE MI 49460	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOREEN C NYS 9573 160 th AVE WEST OLIVE MI 49460	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: JASON J GRASER 3/22/06 941-234-6178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #