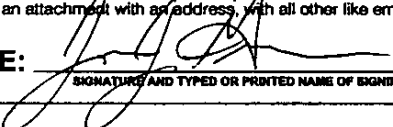


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90390 035 ***150.00

DOCUMENT # P05000002847 1. Entity Name QUALITY DESIGNS BY J & T, INC					
Principal Place of Business 8433 CHESAPEAKE AVNUE NORTH PORT, FL 34286			Mailing Address 8433 CHESAPEAKE AVNUE NORTH PORT, FL 34286		
2. Principal Place of Business 752 COMMERCE DRIVE Suite, Apt. #, etc. SUITE 4 City & State VENICE FL Zip 34292 Country SARASOTA		3. Mailing Address 752 COMMERCE DRIVE Suite, Apt. #, etc. SUITE 4 City & State VENICE FL Zip 34292 Country SARASOTA		 03162006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-2120515				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GRASER, JASON J 8433 CHESAPEAKE AVNUE NORTH PORT, FL 34286			7. Name and Address of New Registered Agent Name GRASER, JASON J Street Address (P.O. Box Number is Not Acceptable) 3138 GATUN ST City NORTH PORT FL 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)					
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 - 160th 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 160th 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 3/22/06 941-334-6178 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					