

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000003052

FILED
Apr 30, 2006
Secretary of State

Entity Name: QUALITY HAY SALES, INC.

Current Principal Place of Business:

PO BOX 686
WILLISTON, FL 326960686

New Principal Place of Business:

Current Mailing Address:

PO BOX 686
WILLISTON, FL 326960686

New Mailing Address:

FEI Number: 20-2150238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINA, JESUS S
2450 NE 200TH AVE
WILLISTON, FL 32696 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VINA, JESUS S
Address: 2450 NE 200TH AVE
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: VINA, DEISREE M
Address: 941 SW 111TH AVE
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: VINA, JESUS S
Address: 2450 NE 200TH AVE
City-St-Zip: WILLISTON, FL 32696

Title: SD (X) Change () Addition
Name: VINA, DEISREE M
Address: 941 SW 111TH AVE
City-St-Zip: PEMBROKE PINES, FL 33025

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: JESUS S. VINA

PTD

04/30/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date