2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006
Secretary of State

DOCUMENT# P05000015657

Entity Name: QUALITY COLLISION REPAIR CENTER, INC.

Current Principal Place of Business:

931 NW STATE ROAD 45
NEWBERRY, FL 32669

New Principal Place of Business:

Current Mailing Address:

17686 NW 239 TERRACE
HIGH SPRINGS, FL 32643

New Mailing Address:

POST OFFICE BOX 248
NEWBERRY, FL 32669

FEI Number: 83-0421597 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JENKINS, ALICIA M
17686 NW 239 TERRACE
HIGH SPRINGS, FL 32643 US

Name and Address of New Registered Agent:

JENKINS, ALICIA M
POST OFFICE BOX 1361
NEWBERRY, FL 32669 US

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: ALICIA JENKINS 07/31/2006
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: JENKINS, JAMES A
Address: 17686 NW 239 TERRACE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VP ( ) Delete
Name: JENKINS, ALICIA M
Address: 17686 NW 239 TERRACE
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JENKINS, JAMES A
Address: POST OFFICE BOX 248
City-St-Zip: NEWBERRY, FL 32669

Title: VP (X) Change ( ) Addition
Name: JENKINS, ALICIA M
Address: POST OFFICE BOX 248
City-St-Zip: NEWBERRY, FL 32669

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: ALICIA JENKINS VP 07/31/2006
Electronic Signature of Signing Officer or Director Date