


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90089 046 \*\*\*150.00

<b>DOCUMENT # P05000026645</b>	
1. Entity Name <b>QUICK SERVICE COURIER OF CENTRAL FL INC</b>	

Principal Place of Business <b>377 MAITLAND AVE SUITE 2006 ALTAMONTE SPRINGS FL 32701</b>	Mailing Address <b>377 MAITLAND AVE SUITE 2006 ALTAMONTE SPRINGS FL 32701</b>
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2. Principal Place of Business <b>249 MAITLAND AVE</b>	3. Mailing Address <b>249 MAITLAND AVE</b>
Suite, Apt. #, etc. <b>#2100</b>	Suite, Apt. #, etc. <b>#2100</b>

1st MOORE CR2E034 (10/05)

City & State <b>Altamonte Springs</b>	City & State <b>Altamonte Springs</b>
Zip <b>32701</b>	Zip <b>32701</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>84-1671129</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>HAMILTON, LORENZO T 4030 BIBB LN ORLANDO FL 32817</b>	
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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.

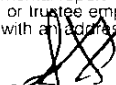
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P HAMILTON, LORENZO T 4030 BIBB LN ORLANDO FL 32817</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>VP HAMILTON, FELIX 2236 WINSLOW CIR CASSELBERRY FL 32707</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>S HAMILTON, JOSEPH T 4030 BIBB LN ORLANDO FL 32817</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>T HAMILTON, LORENZO T 4030 BIBB LN ORLANDO FL 32817</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:**  **4-26-06 4078307400**