2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006
Secretary of State

DOCUMENT# P05000040313

Entity Name: AMERICAN QUALITY INSURANCE INC

Current Principal Place of Business:

6550 N STATE RD 7
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

6550 N STATE RD 7
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 20-2521861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EXPRESS ACCOUNTING & INCOME TAX SVCS. CORP
760 W. SAMPLE RD.
10
POMPANO BEACH, FL 33064 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: P ( ) Delete
Name: CHACON, LUCIA H
Address: 8875 RAMBLE WOOD #2008
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHACON, LUCIA H
Address: 875 RIVERSIDE DR #737
City-St-Zip: CORAL SPRINGS, FL 33071

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: LUCIA CHACON P 04/03/2006

Electronic Signature of Signing Officer or Director — Date