2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State 01-17-2006 90254 016 ***150.00

DOCUMENT # P05000047904 1. Entity Name A QUICK RESPONSE A/C AND MOLD REMEDIATION INC.							
Principal Place 10821 FORES BRADENTON,	ST RUN DR	Mailing Address 10821 FOREST RUN DR BRADENTON, FL 34211			ცეეცვიან	1	
2. Principal Pl		3. Mailing Address / B 2 1 Fare Suite, Apt. #, etc.	est Rus D	L,	01042006 Chg-P	CR2E034 (11/05))
Brades4	s, F/ 34211 Country	1 137 17 00 17 17	3 4 2 ((4. FEI Number 20-274906	/	Applied For Not Applicable
34211		3/2/1 Registered Agent	Name		Certificate of Status Desired Name and Address of New R	Fee Requir	
SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4TH FL MIAMI, FL 33145				2 4	P.O. Box Number is Not Acceptable		d
	named entity submits this statement for ions of registered agen. Signeture, typed printed name of registered agent.		egistered office or	register		PL 34 orida. I am (amiliar with	h, and accept
	E NOW!!! FEE IS \$150.00 ** ay 1, 2006 Fee will be \$550.0	9. Election Campaigr Trust Fund Contrib		\$5. Addi	.00 May Be ed to Fees	/	·
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PD BHAME, WILLIAM 10821 FOREST RUN DR BRADENTON, FL 34211	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	108	evident 1110m Bhame 421 Forest Run De edestan, Fl 3421	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWAFFORD, DAVE 10821 FOREST RUN DR BRADENTON, FL 34211	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAN	e President Le Swarffard Upper Manafee E	□ Change 2.rca Fe.	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FELLNER, DAN 10821 FOREST RUN DR BRADENTON, FL 34211	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOS	deatur, F1 342 etary Tres. hua Finnerty Upper Manarce Po edeater, F1 34214	over Rd.	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THILE NAME STREET ADDRESS CHY-ST-ZIP			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			Change	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	e ☐ Addition
of the cor changed	certify that the information supplied with on this report or supplemental report in poration or the receiver or flustee emp , or on an attachment with an address	s true and accurate and that my owered to execute this eabort as	the exemptions or signature shall his required by Cha	contained have the apter 607	same legal effect as if made under 7, Rorida Statutes; and that my nam	oath; that I am an offic ne appears in Block 10	er or director or Block 11 if
SIGNAT		PRINTED NAME OF BONING DESIGNED OF	Poinces		1-12-06	941-447	<u> 7333</u>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR