


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90047 021 \*\*\*150.00

<b>DOCUMENT # P05000065583</b>		
1. Entity Name <b>Q D INTERNET SERVICES, INC.</b>		

Principal Place of Business <b>2802 PALM ISLE WAY ORLANDO, FL 32829 US</b>	Mailing Address <b>2802 PALM ISLE WAY ORLANDO, FL 32829 US</b>
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**60008356**

2. Principal Place of Business <b>1954 W. SR 426, #1160</b>	3. Mailing Address <b>1954 W. SR 426</b>
Suite, Apt. #, etc. <b>Unit 1160</b>	Suite, Apt. #, etc. <b>Unit 1160</b>

01242006 Chg-P CR2E034 (11/05)

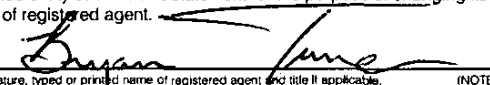
City & State <b>Oviedo, FL</b>	City & State <b>Oviedo, FL</b>
Zip <b>32765</b> Country <b>USA</b>	Zip <b>32765</b> Country <b>USA</b>

4. FEI Number <b>74-3146194</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>HUGHES, CHERYL 2802 PALM ISLE WAY ORLANDO, FL 32829</b>		7. Name and Address of New Registered Agent Name <b>Bryan Turner</b> Street Address (P.O. Box Number is Not Acceptable) <b>1954 W. SR 426, Unit 1160</b> City <b>Oviedo</b> FL Zip Code <b>32765</b>	
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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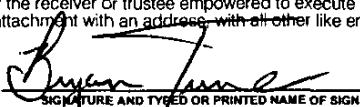
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **Bryan Turner** January 26, 2006  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HUGHES, CHERYL 2802 PALM ISLE WAY ORLANDO, FL 32829</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Director Bryan Turner 1954 W SR 426, #1160, Oviedo, FL 32765</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec./Treasurer/Director Del Turner 1954 W SR 426, #1160, Oviedo, FL 32765</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 Chapter 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:  **Bryan Turner, President** 1/26/06 407-977-3596  
Signature and typed or printed name of signing officer or director Date Daytime Phone #