**FILED**
**Jun 08, 2007 8:00 am**
**Secretary of State**
05-16-2007 90019 040 ***150.00

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000095914

1. Entity Name
QUAL-TECH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5490 LOVETT DR<br>MERRITT ISLAND, FL 32953 | 5490 LOVETT DR<br>MERRITT ISLAND, FL 32953 |

**DO NOT WRITE IN THIS SPACE**

04282007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3098163
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAGGIE, KIMBERLY
5490 LOVETT DR
MERRITT ISLAND, FL 32953

**DO NOT WRITE IN THIS SPACE**

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 Kimberly Maggie
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | MAGGIE, KIMBERLY |
| STREET ADDRESS | 5490 LOVETT DR |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32953 |
| TITLE | TS |
| NAME | MAGGIE, LAWRENCE |
| STREET ADDRESS | 5490 LOVETT DR |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32953 |
| TITLE | EVPO |
| NAME | SPURLOCK, JAMES |
| STREET ADDRESS | 85 LAKESHORE DR |
| CITY-ST-ZIP | COUNCE, TN 38326 |
| TITLE | VPAS |
| NAME | HART, GREGORY |
| STREET ADDRESS | 2 GOLF VILLE DR |
| CITY-ST-ZIP | PORT ORANGE, FL 32128 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** Kimberly Maggie / Kimberly Maggie / President / 06/04/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #