## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P05000110710 1. Entity Name 01-12-2006 90198 004 \*\*\*150.00 Q REALTY, INC. Principal Place of Business Mailing Address **3830 NETHERLEE WAY 3830 NETHERLEE WAY** THURTON WELLINGTON, FL 33467 WELLINGTON, FL 33467 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 3-304 Not Applicable Zπο Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUINN, ALAN Street Address (P.O. Box Number is Not Acceptable) 3830 NETHERLEE WAY WELLINGTON, FL 33467 City 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 age; SIGNATURE (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P.S Delete ☐ Change Addition **QUINN, ALAN** NUME NAME STREET ADDRESS 3830 NETHERLEE WAY STREET ADDRESS WELLINGTON, FL 33467 CITY-ST-77P CITY-ST-7P ☐ Change ☐ Addition MLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COTY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete MILE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CTIY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fiting 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:

ICHG OFFICER OR DIRECTOR

**FILED** 

Jan 12, 2006 8:00 am