## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2007 08:00 AM Secretary of State DOCUMENT # P05000125223 QUALK INTERIORS, INC. Principal Place of Business Mailing Address 21061 EDGEWATER DR 21061 EDGEWATER DR PT CHARLOTTE, FL 33952 PT CHARLOTTE, FL 33952 02232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2312201 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QUALK, DONNA DO NOT WRITE 21061 EDGEWATER DR PT CHARLOTTE, FL 33952 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PS TITLE NAME QUALK, DONNA STREET ADDRESS 21061 EDGEWATER DR CITY-ST-ZIP PT CHARLOTTE, FL 33952 000000739867 TITLE 05/14/07-80043-023 150.0D STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP TITLE

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:

STREET ADDRESS CITY-ST-ZIP

MMM (A) SUMMA DUALK, MES
BIGMATURE AND TYPED PA PRINTED NAME OF BIGMING OFFICER OR DIRECTOR

4/23/17 9

941-626-4140

Daytime Phone #

FILED