2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# P06000008717

Entity Name: JEWELQUEST INC.

Current Principal Place of Business:

1126 S FEDERAL HWY
376
FT LAUDERDALE, FL 33316

New Principal Place of Business:

6919 W BROWARD BLVD
110
PLANTATION, FL 33317

Current Mailing Address:

1126 S FEDERAL HWY
376
FT LAUDERDALE, FL 33316

New Mailing Address:

6919 W. BROWARD BLVD
110
PLANTATION, FL 33317

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLOMQUIST, PETRA
1126 S FEDERAL HWY
376
FT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

BLOMQUIST, PETRA
6919 W BROWARD BLVD
110
PLANTATION, FL 33317 US

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.

SIGNATURE: _____ 06/16/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BLOMQUIST, PETRA
Address: 1126 S FEDERAL HWY SUITE 376
City-St-Zip: FT LAUDERDALE, FL 33316

Title: D ( ) Delete
Name: REILE, STACEY
Address: 1126 S FEDERAL HWY SUITE 376
City-St-Zip: FT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BLOMQUIST, PETRA
Address: 6919 W BROWARD BLVD STE.110
City-St-Zip: PLANTATION, FL 33317

Title: D (X) Change ( ) Addition
Name: POWERS, PAULA
Address: 6919 W BROWARD BLVD STE. 110
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA POWERS D 06/16/2009
Electronic Signature of Signing Officer or Director — Date