2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State
04-17-2008 90009 029 ***150.00

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1. Entity Name
Q3VENTURES, INC.

Principal Place of Business	Mailing Address
803 JENKS AVENUE, SUITE 22 PANAMA CITY, FL 32401	803 JENKS AVENUE, SUITE 22 PANAMA CITY, FL 32401

66010801

02022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8619301
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAY, JAMES E
803 JENKS AVENUE, SUITE 22
PANAMA CITY, FL 32401

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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: _____ 1/6/08
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BROOKS, JONATHAN L
STREET ADDRESS	2500 PLEASANT VIEW LANE
CITY-ST-ZIP	KNOXVILLE, TN 37914
TITLE	D
NAME	RAY, JAMES E
STREET ADDRESS	803 JENKS AVENUE, SUITE 22
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	SD
NAME	CORLEY, JR., LOUIS J
STREET ADDRESS	194 SANDCLIFFS
CITY-ST-ZIP	PANAMA CITY, FL 32413
TITLE	D
NAME	QUALLS, ROY D
STREET ADDRESS	3303 NORTHWOOD DRIVE
CITY-ST-ZIP	HIGHLAND VILLAGE, TX 75077
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #