

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2008 8:00 am
Secretary of State

04-17-2008 90009 029 ***150.00

DOCUMENT # P06000137095 1. Entity Name Q3VENTURES, INC.	
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Principal Place of Business 803 JENKS AVENUE, SUITE 22 PANAMA CITY, FL 32401	Mailing Address 803 JENKS AVENUE, SUITE 22 PANAMA CITY, FL 32401
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DO NOT WRITE IN THIS SPACE



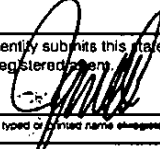
02022008 No Chg-P CR2E034 (11/05)

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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**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:  (NOTE: Registered Agent signature required when reinstating)

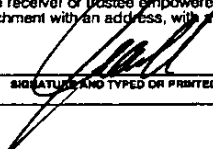
DATE: 1/6/08

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

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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:  Date: Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR