## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000153899

Entity Name: QUALITY GATES & OPENERS, INC.

SOUTHPORT, FL 32409 US

City-St-Zip:

FILED Feb 04, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	PORT ROAD CITY, FL 3240	5 US	3627 COUNTY ROAD 23 SOUTHPORT, FL 32409		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	PORT ROAD CITY, FL 3240	5 US	3627 COUNTY ROAD 23 SOUTHPORT, FL 32409		
FEI Number	: 20-8156778	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
1510 AIRP PANAMA ( The above	T, WALTER PORT ROAD CITY, FL 3240  named entity of Florida.		purpose of changing its registered of	office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	nic Signature of Registered Ag	gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PS ( CLEMENT, WA 1510 AIRPORT PANAMA CITY,	ROAD	Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address:	VP ( HARRIS, CHRI 3627 COUNTY		Title: ( ) Name: Address:	) Change ()Addition	

City-St-Zip:

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: CHRISTOPHER HARRIS VP 02/04/2008