## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000015431

Entity Name: QCM, INC.

Title:

Name:

Address:

City-St-Zip:

FILED Mar 24, 2008 Secretary of State

Entity Nan	ne: QCM, INC.						
Current Principal Place of Business:				New Principal Place of Business:			
209 9TH STREET DRIVE WEST PALMETTO, FL 34221 US				9TH STREET DRIVE WEST ITE 100 LMETTO, FL 34221 US			
Current Mailing Address:				New Mailing Address:			
209 9TH STREET DRIVE WEST PALMETTO, FL 34221 US				208 9TH STREET DRIVE WEST SUITE 100 PALMETTO, FL 34221 US			
FEI Number:	20-8413908	FEI Number Applied For ( )	FEI Number Not	Applicable ( )	Certificate of Status De	esired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BRADENT	STREET WES ON, FL 34205 named entity su	T US Jbmits this statement for the pu	irpose of chang	ing its registered	office or registered ago	ent, or both,	
in the State SIGNATUR							
SIGNATUR		Signature of Registered Ager	nt		Date		
Election Can	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	D () [ GOGGIN, EDWA 209 9TH STREET PALMETTO, FL	Γ DRIVE WEST	Title: Name: Address City-St-	GOGGIN, ED : 208 9TH STR	(X) Change()Addition WARD F EET DRIVE WEST FL 34221 US		
Title: Name: Address: City-St-Zip:	D ()[ NICKEL, KEN 209 9TH STREE PALMETTO, FL		Title: Name: Address City-St-	NICKEL, KEN : 208 9TH STR	EET DRIVE WEST		
Title: Name: Address: City-St-Zip:	D () [ BRAGER, STUAF 209 9TH STREET PALMETTO, FL	Γ DRIVE WEST	Title: Name: Address City-St-	BRAGER, ST : 208 9TH STR	EET DRIVE WEST		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: EDWARD GOGGIN PRES 03/24/2008

() Delete

FULKS, CHARLES O

5823 26TH STREET WEST

BRADENTON, FL 34205 US

() Change () Addition