

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90123 034 \*\*\*150.00

**DOCUMENT # P07000066492**

1. Entity Name  
**QDMS INC.**



Principal Place of Business  
**6699 90TH AVE N  
PINELLAS PARK, FL 33782**

Mailing Address  
**6699 90TH AVE N  
PINELLAS PARK, FL 33782**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**3152 Little Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**403**

City & State

City & State

**Trinity FL**

Zip

Country

Zip

Country

**34655**

02072008

Chg-P

CR2E034 (12/06)

4. FEI Number

**260327574**

Applied For

Not Applied

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ECKARD, ROBERT D  
3110 ALTERNATE 19  
PALM HARBOR, FL 34683**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
PALLANTE, CHRISTOPHER A  
6699 90TH AVE N  
PINELLAS PARK, FL 33782**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Palbark, Christopher  
3152 Little Road #403  
Trinity FL 34655**

☐ Change ☐ Add

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(777) 287-6500