2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000107823

City-St-Zip:

LAUDERHILL, FL 33319

Entity Name: QUALITY POULTRY AND SEAFOOD, INC.

FILED Mar 14, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|---|----------------------------------|---|--|--|
| | 40TH AVENUE IILL, FL 33313 | | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| | 40TH AVENUE IILL, FL 33313 | | | | |
| FEI Number: | : 59-2998170 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| 4448 INVE | NORMAN A ERRARY BOUL HILL, FL 33319 | | | | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electror | nic Signature of Registered Age | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PST (PATTERSON, I 9061 NW 13 S' PLANTATION, I | reet | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (SIMPSON, HEF 7361 NW 37 S LAUDERHILL, | TREET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | D () SIMPSON, GEO 7361 NW 37 S | | Title: Name: Address: | () Change () Addition | |

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.

City-St-Zip:

SIGNATURE: LENNOX PATTERSON PST 03/14/2008