2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED

04-08-2005 90082 028 ***150.00

Apr 08, 2005 8:00 am Secretary of State

DOCUMENT # P07828 QUALITY CARRIERS, INC. 50035273 Mailing Address Principal Place of Business 3802 CORPOREX PARK DRIVE 3802 CORPOREX PARK DRIVE TAMPA, FL 33619 US TAMPA, FL 33619 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282005 CR2E034 (10/03) Cha-F City & State City & State 4. FEI Number Applied For 36-2590063 Not Applicable Žip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required, 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD TITLE TITLE ☐ Defete ☐ Change Addition FINKBINER, THOMAS L NAME NAME 3802 CORPOREX PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33619 CITY-ST-ZIP TITLE Delete TITLE Change Addition + Millstone KASAK, ROBERT R NAME NAME 3802 CORPOREX PARK DR STREET ADDRESS STREET ADDRESS BOZ COrpores Parta. CITY-ST-7IP TAMPA, FL 33619 CITY-ST-ZIP TITLE Delete TITLE Change ___Addition NAME HENSLEY, SAMUEL NAME 3802 CORPOREX PARK DRIVE STREET ADDRESS STREET ADDRESS 3802 CON 602 TAMPA, FL 33619 CITY-ST-ZIF CITY-ST-7IF TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change | TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 all other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR

3/29/2005 (813)5