

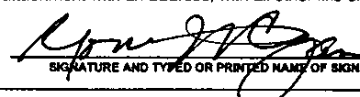


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90352 044 ***150.00

DOCUMENT # P94000014540 1. Entity Name QUARTERS INC.					
Principal Place of Business 4613 OAK HAMMOCK COURT HARBOUR VILLAGE PONCE INLET, FL 32127 US				Mailing Address 4613 OAK HAMMOCK COURT HARBOUR VILLAGE PONCE INLET, FL 32127 US	
2. Principal Place of Business 401 N.W. 39 ROAD		3. Mailing Address 401 NW 39 ROAD		 02062006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc. STE. C		Suite, Apt. #, etc. STE. C			
City & State Gainesville FL		City & State Gainesville FL			
Zip 32607		Zip 32607			
Country USA		Country USA		4. FEI Number 59-3226671	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent REGAN, DONALD J 4613 OAK HAMMOCK COURT HARBOUR VILLAGE PONCE INLET, FL 32127			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 401 N.W. 39 ROAD STE. C City Gainesville FL Zip Code 32607		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD REGAN, DONALD J 4613 OAK HAMMOCK CT PONCE INLET, FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 N.W. 39 ROAD STE. C Gainesville FL. 32607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVSF REGAN, DONALD J II 4613 OAK HAMMOCK CT PONCE INLET, FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 NW 39 ROAD STE. C Gainesville FL. 32607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YOUNG, DONALD G.		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition YOUNG, DONALD G. 9703 NE 108 AVE Gainesville FL. 32609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AKEY, MICHAEL J. 10827 SW 17 LANE Gainesville FL. 32607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AKEY, MELISSA 10827 SW 17 LANE Gainesville FL. 32607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition AT FENPELL, CHRISTOPHER 5121 NW 29 LANE Gainesville FL. 32606	
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DONALD J. REGAN 4/20/06 386-689-0883 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

60029281

Quarters INC

Document #P94000014540

FEI # 59-3226671

⑪ AS

ELLIOTT, MAURICE

230 SE 50 STREET

Gainesville, FL. 32641

AT

GENSER, DINO

4608 NW 41 STREET

Gainesville, FL. 32606

For J. Regan

4-20-06 386-689-0883

DONALD J. REGAN