

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90064 031 ***150.00

DOCUMENT # P94000045166					
1. Entity Name QAPA MANAGEMENT COMPANY					
Principal Place of Business 255 S. ORANGE AVE. FIRSTSTATE TOWER, SUITE 800 ORLANDO, FL 32801			Mailing Address 255 S. ORANGE AVE. FIRSTSTATE TOWER, SUITE 800 ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box # 221 Circle Drive		3. Mailing Address 221 Circle Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Maitland, FL		City & State Maitland, FL		4. FEI Number 59-3253061	
Zip 32751		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACKINNON, ALEXANDER C 255 S. ORANGE AVE. FIRSTSTATE TOWER, SUITE 800 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name <u>Tracy S. Forrest</u> Street Address (P.O. Box Number is Not Acceptable) 221 Circle Drive City <u>Maitland</u> <u>FL</u> <u>32751</u>		
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 <u>TRACY S. FORREST</u> APR 3, 2008 <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, 2008 Fee will be \$550.00		9. Election Campaign Financing <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	DPT MACKINNON, ALEXANDER C <input checked="" type="checkbox"/> Delete 255 S. ORANGE AVE., FIRSTSTATE TOWER, #800 ORLANDO, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS <input type="checkbox"/> Delete FORREST, TRACY S 221 CIRCLE DR. MAITLAND, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Forrest, Tracy S 221 Circle Drive Maitland, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:		TRACY S. FORREST		4/3/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	