


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000062290 1. Entity Name QUALITY BRANDS, INC.	
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Principal Place of Business 1290 E INTERNATIONAL SPEEDWAY DELAND, FL 32724 US	Mailing Address P O BOX 1450 DELAND, FL 32721-1450 US
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01182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3264780	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  ROBERSON, ROBERT C 1290 E. INTERNATIONAL SPEEDWAY BLVD. DELAND, FL 32724
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**DO NOT WRITE  
IN THIS SPACE**

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.

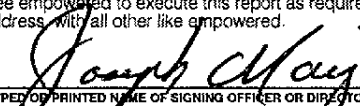
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000402676 02/03/06-80017-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERSON, ROBERT C 2024 MERCERS FERNERY RD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERSON JOANNE M 2024 MERCERS FERNERY RD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAIZ, JOSEPH 1200 ST ALBANS LOOP HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:  1/20/06 (386) 738-3808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #