


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State


01-29-2008 90011 038 ***150.00

DOCUMENT # P94000062290	
1. Entity Name QUALITY BRANDS, INC.	

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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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
ROBERSON, ROBERT C 1290 E. INTERNATIONAL SPEEDWAY BLVD. DELAND, FL 32724	

	
01232008	Chg-P CR2E034 (12/06)
4. FEI Number 59-3264780	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 the obligations of registered agent.	
SIGNATURE	DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERSON, ROBERT C	NAME	
STREET ADDRESS	4650 LINKS VILLAGE DR B601	STREET ADDRESS	105 Inlet Harbor Dr
CITY - ST - ZIP	PONCE INLET, FL 32127	CITY - ST - ZIP	Ponce Inlet, FL 32127
TITLE	S	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERSON JOANNE M	NAME	
STREET ADDRESS	4650 LINKS VILLAGE DR B601	STREET ADDRESS	105 Inlet Harbor Dr
CITY - ST - ZIP	PONCE INLET, FL 32127	CITY - ST - ZIP	Ponce Inlet, FL 32127
TITLE	VP	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAIZ, JOSEPH	NAME	Cliff Berner
STREET ADDRESS	1200 ST ALBANS LOOP	STREET ADDRESS	1465 Maple Leaf Lane
CITY - ST - ZIP	HEATHROW, FL 32746	CITY - ST - ZIP	DELAND, FL 32724
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.	
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SIGNATURE: 	01-24-08	3867383808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Document #