


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000026627

1. Entity Name
QUINLAN COMMUNICATIONS CORP.



Principal Place of Business Mailing Address

P. O. BOX 398567 P. O. BOX 398567
 MIAMI BEACH, FL 33239 US MIAMI BEACH, FL 33239 US



04222006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-0571471 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

QUINLAN, LAURA
2064 PRAIRIE AVENUE
MIAMI BEACH, FL 33139

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000525693
 05/04/06-80043-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	QUINLAN, LAURA
STREET ADDRESS	2064 PRAIRIE AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	SD
NAME	QUINLAN, JAMES
STREET ADDRESS	2064 PRAIRIE AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
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:  Date: **4/21/06** Daytime Phone #: **305 6725202**