2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER A

SIGNATURE:

FILED Apr 14, 2006 08:00 All Secretary of State

186

Daytime Phone #

ANNUAL REPORT					Apr 14, 2006_08:00			
DOCU	MENT # P950000767	98 V		Sec	cretary	y of State		
1. Entity Nam	ne LUALITY MOTORS, INC.					•		
RIDGE Q	CALITY WOTONS, INC.							
Principal Plac	e of Business	Mailing Address						
212 U.S. HIG		212 U.S. HIGHWAY 27 N						
DUNDEE, FL	33838	DUNDEE, FL 33838						
			<u> </u>					
				0004000	N= Of # D	0000004	(44(05)	
DO NOT WRITE IN THIS SPA			CE	03312006	No Chg-P	CR2E034	<u> </u>	
L	O NO! WINIE	IN THIS STA	OL.	4. FEI Numb			Applied For Not Applicable	
					of Status Desired	\$8	.75 Additional	
	6. Name and Address of Current Re	mintered Agent	<u> </u>	J. Johnson		Fee Fee	Required	
	o. Name and Address of Content Re	gistereu Agent						
PETTY, R			DO	NOT W	RITE			
212 U.S. HIGHWAY 27, N. DUNDEE, FL 33838								
				IIV	THIS SF	AUE		
	named entity submits this statement for t tions of registered agent.	ne purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Flo	orida. I am íam	iliar with, and accept	
SIGNATURE				<u> </u>	<u> </u>	· 		
	Signature, typed or printed name of registered agent and	trile if applicable. (NOTE, Registere	d Agent signature required	d when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees				
10.	OFFICERS AND DI	RECTORS	1		1 9.34, 34, 34, 34, 34, 34, 34, 34, 34, 34,			
TITLE NAME	D PETTY, ROBERT			04.00 8		00511807		
STREET ADDRESS	247 LAKE RING DR.			04/29/(06-80062-0	44 IDU.U	ווייטנ	
CITY-ST-ZIP	WINTERHAVEN, FL 33884		1					
TITLE								
NAME STREET ADDRESS								
CITY-ST-ZIP			1					
TITLE								
NAME STREET ADDRESS				DO	NIOT IA			
CITY-ST-ZIP				DO	NOT W	KIIE		
TITLE				IN '	THIS SF	PACE		
NAME STREET ADDRESS								
CITY-ST-ZIP								
LUTE			1					
NAME STREET ADDRESS								
CITY-ST-ZIP								
TITLE			1					
NAME.		-						
STREET ADDRESS CITY+ST-ZIP								
	L certify that the information supplied with the	is filing does not qualify for the ex	emptions contained	d in Chapter 11	9, Florida Statutes. I	further certify t	that the information	
indicated of the col changed	certify that the information supplied with the on this report or supplemental report is to reportation or the receiver or trustee empore, or on an attachment with an address with an address.	ue and accurate and that my signe ered to execute this report as requ h all other like empowered.	ture shall have the fred by Chapter 60	same legal effe 7, Florida Statut	ct as if made under es; and that my nam	oath, that I am a le appears in Bl	an officer or director ock 10 or Block 11 if	

R DIRECTOR