
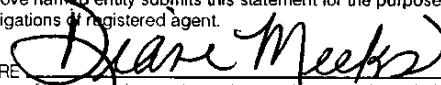


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90063 009 ***550.00

DOCUMENT # P96000001890			
1. Entity Name QUALITY POOL DECK TOPPING, INC.			
Principal Place of Business 705 SW 10TH AVENUE VERO BEACH FL 32962		Mailing Address 705 SW 10TH AVENUE VERO BEACH FL 32962	
2. Principal Place of Business		3. Mailing Address P.O. BOX 650127	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State VERO BEACH FL	
Zip	Country	Zip	Country
32965	USA		
6. Name and Address of Current Registered Agent MEEKS, DIANE 2925 CARDINAL DRIVE STE. H VERO BEACH FL 32963		7. Name and Address of New Registered Agent Name DIANE MEEKS Street Address (P.O. Box Number is Not Acceptable) 1335 33RD AVE SW City VERO BEACH FL Zip Code 32968	
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  DIANE MEEKS 8/12/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALLACE, ALWIN 705 SW 10TH AVENUE VERO BEACH FL <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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALWIN WALLACE PRESIDENT 8/13/05

Date

772-262-6689