

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90040 040 \*\*\*150.00

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01162007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P96000061507</b>					
<b>1. Entity Name</b> THREE QUARTER INC.					
<b>Principal Place of Business</b> 911 JAKL AVE SARASOTA, FL 34232 US			<b>Mailing Address</b> P.O. BOX 50006 SARASOTA, FL 34232		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0710046	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CARLO, MICHAEL F 12202 LOBELIA TERRACE → BRADENTON, FL 34202 →			Name CARLO, MICHAEL F. Street Address (P.O. Box Number is Not Acceptable) 5814 BRIGADOON WAY City SARASOTA FL Zip Code 34233		
<b>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.</b>					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>		michael F. Carlo <small>(NOTE: Registered Agent signature required when reinstating)</small>		1-25-07 <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2007 Fee will be \$550.00		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CARLO, MICHAEL F 12202 LOBELIA TERRACE → BRADENTON, FL 34202 →	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CARLO, MICHAEL F. 5814 BRIGADOON WAY SARASOTA, FL 34233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MOERCHEN, TODD 728 SEAGATE DRIVE → TAMPA, FL 33602 →	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MOERCHEN, TODD 112 TILSON RD. MURPHY, NC 28906	<input checked="" 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			
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"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
SIGNATURE:		michael F. Carlo		1-25-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		941-379-0272 <small>Daytime Phone #</small>	