2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000064614

1. Entity Name SUCCESS QUEST, INC.



Principal Place of Business

C/O EDWIN E. DARLING 1303 BRADFORD DRIVE COPPELL, TX 75019 Mailing Address

C/O EDWIN E. DARLING 1303 BRADFORD DRIVE COPPELL, TX 75019

FILED Feb 03, 2006 08:00 AM Secretary of State



DO N	IOT	WRITE	IN TH	IS SP	ACE
------	-----	-------	-------	-------	-----

01302006	No Chg-P	CR2E034 (11/05)			
4. FEI Numbe	•		Applied For		
59-3395	5111		Not Applicable		
5. Certilicate o	of Status Desired		\$8.75 Additional Fee Required		

214.850-3914

6. Name and Address of Current Registered Agent

LAURA M

DARLING, LAURA M 10752 126TH AVE NORTH-LARGO, FL 33778

SIGNATURE:

DO NOT WRITE IN THIS SPACE

 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. 1 am familiar with, and accept the obligations of registered agent. 								
SIGNATURE Signature, typed or printed name of registered agent and title if explicable (NOTE, Registered Agent signature required when rematating) DATE								
					, (MOSIN 1953G			
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	02/14/06-80010-017 158.00			
10.	. OFFICERS AND DIRECT	OTORS }	}					
TITLE	<u>n</u>		1					
NAME	DARLING, EDWIN E		•					
STREET ADDRESS	1303 BRADFORD DR		}					
CITY-ST-ZIP	COPPELL, TX 75019							
Title Name Street address City-St-Zip								
TITLE								
NAME								
STREET ADDRESS				DO	NOT WOITE			
City-St-ZIP			į.	טע	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-21P				IN '	THIS SPACE			
TITLE								
NAME								
STREET ADDRESS								
CITY-ST-ZIF								
ISSLE								
NAME								
STREET ADDRESS								
CITY-SI-ZIP								
12. I hereby certify that the information supplied with this filing does not quality 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 ampowered.								