## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Mar 01, 2006 8:00 am Secretary of State 03-01-2006 90015 015 \*\*\*158.75

DOCUMENT # P96000072138  1. Entity Name QUALITY CURB, INC.					03-01-2006 90015 015 ***158.75			3.75		
Principal Place	e of Business	Mailing Address		l	<del>-</del>					
•			`T							
14650 LIBER Orlando, Fl			1517 W HILLCREST ST Orlando, Fl. 32803							
OKLANDO, I L	1 32024	OKLANDO, IL 3200.	J							
2. Principal Pl	lace of Business	3. Mailing Address								
			•							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CBSEG	34 (11/05)		
						City-F	CINZEO	P4 (11/00)		
City & State		City & State	City & State					Apı	plied For	
					59-3403380 . Not Applicable					
Zip Country		Zip Co		try	5 Certificate o	f Status Desired		<b>\$8.75</b> Addi		
					J. Certificate o	Olatos Desired	ا با	Fee Required	i	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New F	Registered A	gent		
*. **	A STATE OF THE STA			Name		-			.,	
SMALLEY & COMPANY PA				Street Address (P.O. Box Number is Not Acceptable)						
	LCREST STREET			Street Address (F.O. Box Nutriber is Not Acceptable)						
ORLANDO	), FL 32803									
								1 3: 0 (		
				City			FL	Zip Code	•	
8. The above	named entity submits this statement for	or the purpose of changing	its register	ed office or registe	ered agent, or both	, in the State of Fle	orida. I am f	amiliar with, a	and accept	
	ions of registered agent.			3	<b>5</b>					
SIGNATURE_	Signature, typed or printed name of registered agent	t and title if applicable (N	OTE: Registere	d Agent signature require	ed when reinstating)		DATE		<del></del>	
	Signatura, types or printed hains of registered age.	Tara ma mappinassa.			1	<del></del>				
<u> </u>		9. Election Camp	caion Finar	ncina \$5	5.00 May Be					
FILI	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.				ded to Fees	a Jr.	. :			
7.10.101				11.						
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10	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	_		
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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 trastee 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 anyaddress, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR