2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 15, 2006 08:00 AM DOCUMENT # P97000004537 **Secretary of State** 1. Entity Name D.Q. SERVICES, INC. Principal Place of Business Mailing Address 1007 N FED HWY 1007 N FED HWY 300 FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suita, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0720837 Not Applicable Zip Country $Z_{1}p$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUILLIN, DANNY Street Address (P.O. Box Number is Not Acceptable) 1007 N FED HWY 300 FORT LAUDERDALE FL 33304 Zip Code 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 Signature hypera or pointed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstative) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. 🔲 Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BILE ☐ Defete TITLE ☐ Change noitibbA [NAME QUILLIN, DANNY STREET ADDRESS 1007 N FED HWY 300 STREET ARRESS CITY-ST-ZIP FORT LAUDERDALE FL 33304 City-S1-21P Delete Change SISLE Addition 🔲 THEF U0000043551S NAME MAME 02/25/06-80045-019 150.00 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP DITY-S1-209 31315 ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-200 CUTY-ST-ZIF TSTLE Oelete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - S3 - 202 TITLE Defete TULE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CRY-ST-ZIP CVYY-SY-ZVP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 curporation 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.

FILED

2/10/06 954-646-6798