


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90115 012 ***150.00

DOCUMENT # P97000064750	
1. Entity Name Q.I.R.C., INC.	

Principal Place of Business 7111 N.W. 42 CT POMPANO BEACH, FL 33065 US	Mailing Address 7111 N.W. 42 CT POMPANO BEACH, FL 33065 US
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00016339



2. Principal Place of Business 11709 KNIGHTSBRIDGE PL Suite, Apt. #, etc.	3. Mailing Address 11709 KNIGHTSBRIDGE PL Suite, Apt. #, etc.
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04152006 Chg-P CR2E034 (11/05)

City & State LAKE WORTH, FL	City & State LAKE WORTH, FL
Zip 33467	Zip 33466
Country USA	Country USA

4. FEI Number 65-0772048	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RICKETTS-GOOMBS, DENISE 7111 NW 42ND CT CORAL SPRINGS, FL 33065	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICKETTS-GOOMBS, DENISE 7111 NW 42ND CT 11709 KNIGHTSBRIDGE PL CORAL SPRINGS, FL 33065 LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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.

SIGNATURE: Denise Ricketts-Goombs DENISE RICKETTS-GOOMBS 4/13/06 954-254-3507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #