


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90021 015 \*\*\*150.00

DOCUMENT # P97000064750			
1. Entity Name Q.I.R.C., INC.			
Principal Place of Business 11709 KNIGHTS BRIDGE PL LAKE WORTH, FL 33467 US		Mailing Address 11709 KNIGHTS BRIDGE PL LAKE WORTH, FL 33467 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0772048		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RICKETTS-GOOMBS, DENISE 7111 NW 42ND CT CORAL SPRINGS, FL 33065		Name Street Address (P.O. Box Number is Not Acceptable) 11709 KNIGHTS BRIDGE PLACE LAKE WORTH City FL Zip Code 33467	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICKETTS-GOOMBS, DENISE 11709 KNIGHTS BRIDGE PL 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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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: <u>Denise Ricketts-Goombs</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/23/07</u> Daytime Phone #: <u>954-254-3507</u>	
DENISE RICKETTS-GOOMBS, PRESIDENT			

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