

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P97000092739

1. Entity Name

QUEST OF QUIETUDE VENTURES, INC.



**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90311 017 ***150.00



1st MOORE CR2E034 (10/05)

Principal Place of Business		Mailing Address	
3615 BOCA CIEGA DRIVE APT. 112 NAPLES FL 34112		3615 BOCA CIEGA DR APT 112 NAPLES FL 34112 US	
2. Principal Place of Business		3. Mailing Address	
		3823 TAMiami TRAIL EAST Box 247	
Suite. Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip 34112	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FISHER, GERALDINE F 3615 BOCA CIEGA DRIVE APT. 112 NAPLES FL 34112		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FISHER, GERALDINE F 3615 BOCA CIEGA DR., APT. 112 NAPLES FL 34112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing 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 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: *Geraldine Fisher* **GERALDINE FISHER 4-12-06 618-288-6088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #