

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000017145						FILED 06 AUG 28 PM 3:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
1. Entity Name QB & ASSOCIATES OF FLORIDA, INC.							
Principal Place of Business 3602 DMG DRIVE BLDG #1 LAKELAND, FL 33811 US				Mailing Address P.O BOX 24732 LAKELAND, FL 33802-4732 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent MC KINLEY, EARLEY III P.O. BOX 24732 LAKELAND, FL 33802				7. Name and Address of New Registered Agent Name Earley McKinley, III Street Address (P.O. Box Number is Not Acceptable) 3602-1 DMG Drive City Lakeland FL Zip Code 33811			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Amended AR is \$61.25				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/D MCKINLEY, EARLEY III PO BOX 24732 LAKELAND, FL 338024732 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP M- Managing Director E.T. Pickett, III 5123 Deeson Pointe Ct. Lakeland, FL 33805 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP V/S MCKINLEY, SHERYL P.O BOX 24732 LAKELAND, FL 338024732 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP 70007923025? 08/29/06--01060--012 **\$61.25 <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: Earley McKinley III SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				8/15/06 (863) 559-0157 Date Daytime Phone #			