

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000008847

FILED
Mar 06, 2006
Secretary of State

Entity Name: QUALITY BROTHERS CARPENTRY, INC.

Current Principal Place of Business:

4891 TROTT CIR.
NORTH PORT, FL 34287

New Principal Place of Business:

4891 TROTT CIR.
A
NORTH PORT, FL 34287

Current Mailing Address:

4891 TROTT CIR.
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 59-3560433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONTCHIK, IGOR
1528 BOTELLO RD
NORTHPORT, FL 34287 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMONTCHNIK, IGOR
Address: 1528 BOTELLO RD.
City-St-Zip: NORTH PORT, FL 34287

Title: VP () Delete
Name: SIMONTCHIK, VICTOR
Address: 6180 RUFF ST.
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SIMONTCHIK, VICTOR
Address: 2676 GISELA RD.
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IGOR SIMONTCHIK

P

03/06/2006

Electronic Signature of Signing Officer or Director

_____ Date