2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000031429

Entity Name: QUEST SPORT, INC.

HEARNS, TYRA

P.O. BOX 566452

PINECREST, FL 33256

Name:

Address:

City-St-Zip:

FILED Jan 08, 2006 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
15888 SW 95TH AVENUE			10170 SW 88 ST		
206 MIAMI, FL 33157			307 MIAMI, FL 33176		
'			,	,	
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
15888 SW 95TH AVENUE			P.O. BOX 566452		
206 MIAMI, FL 33157			PINECREST, FL 33256		
FEI Number	: 65-0908520	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
AQUILA, J			AQUILA, JASON		
15888 SW 95TH AVENUE 206			10170 SW 88 ST	101/0 SW 88 ST 307	
MIAMI, FL 33157 US				MIAMI, FL 33176 US	
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: JASON AQUILA				01/08/2006	
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title:	P ()	Delete	Title:	() Change () Addition	
Name:	AQUILA, JASON		Name:		
Address: City-St-Zip:	P.O. BOX 5664 PINECREST, FI		Address: City-St-Zip:		
City-St-Zip.	FINECKEST, FI	- 33230	City-3t-2ip.		
Title:	V ()	Delete	Title:	() Change () Addition	
Name:	HEARNS, MICH		Name:		
Address:	P.O. BOX 5664		Address:		
City-St-Zip:	PINECREST, FI	_ 33256	City-St-Zip:		
Title:	S ()	Delete	Title:	() Change () Addition	
Name:	AQUILA, NATAĹ	IA	Name:		
Address: P.O. BOX 566452			Address:		
City-St-Zip:	PINECREST, FI	_ 33256	City-St-Zip:		
Title:	D ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JASON AQUILA P 01/08/2006