2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000031429

P.O. BOX 566452

PINECREST, FL 33256

Address:

City-St-Zip:

FILED Feb 20, 2007 Secretary of State

Entity Nan	1e: QUESTS	PORT, INC.			
Current Pr	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
10170 SW 88 ST			8818 SW 127 AVE	8818 SW 127 AVE	
307 MIAMI, FL 33176			MIAMI, FL 33176		
			N 88 'I' A I I		
Current Wi	ailing Addres	S:	New Mailing Addres	ss:	
P.O. BOX 5 PINECRES	666452 T, 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 Address	Name and Address of New Registered Agent:	
AQUILA, JASON 10170 SW 88 ST			AQUILA, JASON 8818 SW 127 AVE		
307 MIAMI, FL 33176 US			MIAMI, FL 33176	JS	
The above in the State		submits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: JASON AQUILA				02/20/2007	
	Electron	ic Signature of Registered Ager	nt	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	. ,	Delete	Title:	() Change () Addition	
Name: Address:	AQUILA, JASON P.O. BOX 5664		Name: Address:		
City-St-Zip:	PINECREST, FL		City-St-Zip:		
Title:	V ()	Delete	Title:	() Change () Addition	
Name:	HEARNS, MICH		Name:		
Address:	P.O. BOX 56649 PINECREST, FL		Address: City-St-Zip:		
City-St-Zip:	FINECKEST, FL	33250	City-St-Zip.		
Title:		Delete	Title:	() Change () Addition	
Name:	AQUILA, NATAL		Name:		
Address: City-St-Zip:	P.O. BOX 56649 PINECREST, FL		Address: City-St-Zip:		
Title:		Delete	Title:	() Change () Addition	
Name:	HEARNS, TYRA		Name:	() Shange () / hadition	

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.

Address:

City-St-Zip:

SIGNATURE: JASON AQUILA Ρ 02/20/2007