

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000046848

FILED
Sep 22, 2005
Secretary of State

Entity Name: QUALSURE HOLDING CORPORATION

Current Principal Place of Business:

506 SARASOTA QUAY
SARASOTA, FL 34236

New Principal Place of Business:

814 A1A NORTH
200
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

506 SARASOTA QUAY
SARASOTA, FL 34236

New Mailing Address:

814 A1A NORTH
PONTE VEDRA BEACH, FL 32082

FEI Number: 65-0971321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOOTHE, ROBERT P
506 SARASOTA QUAY
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

LINNAN, NANCY ESQ.
215 S. MONROE
500
TALLAHASSEE, FL 32301 US

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: NANCY LINNAN

09/22/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEE-INNISS, GERRARD
Address: 428 MACE PL., HALELAND PARK
City-St-Zip: MARAVAL, TRINIDAD, W. INDIES, OC

Title: DCP () Delete
Name: LOMBARDO, JOHN
Address: 15192 BROLIO WAY
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: PICCIONE, TAL P
Address: 7 PHARIS PLACE
City-St-Zip: UPPER SADDLE RIVE, NJ 07458

Title: D () Delete
Name: DAVIES, RICHARD
Address: 319 HOWARD AVE
City-St-Zip: FAIR LAWN, NJ 07410

Title: TAS (X) Delete
Name: MONTS, ELIZABETH R
Address: 2141 MUSKOGEE TRAIL
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P&CE (X) Change () Addition
Name: ROGAN, JOHN E
Address: 2088 CROWN DR.
City-St-Zip: ST.AUGUSTINE, FL 32092

Title: DC (X) Change () Addition
Name: LOMBARDO, JOHN
Address: 15192 BROLIO WAY
City-St-Zip: NAPLES, FL 34110

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES P. BROWN

AS

09/22/2005

Electronic Signature of Signing Officer or Director

Date