2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000046848

Entity Name: QUALSURE HOLDING CORPORATION

FILED May 14, 2007 Secretary of State

| Current Principal Place of Business: | | | New Princ | New Principal Place of Business: | | |
|---|---------------------------|--------------------------------|-----------------|--|--|--|
| 475 WEST TOWN PLACE 210 | | | | | | |
| ST. AUGUSTINE, FL 32092 | | | | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | |
| 475 WEST TOWN PLACE ST. AUGUSTINE, FL 32092 | | | | | | |
| FEI Number: | 65-0971321 | FEI Number Applied For () FEI | Number Not Appl | icable () Certificate of Status Desired () | | |
| Name and | Address of Cu | urrent Registered Agent: | Name and | Address of New Registered Agent: | | |
| CFRA, LLC 4221 WEST BOY SCOUT BOULEVARD SUITE 1000 TAMPA, FL 33607 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: | | | | | | |
| Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). | | | | | | |
| | | | | | | |
| OFFICERS AND DIRECTORS: | | | | | | |
| Title: Name: | P&CE ()[ROGAN, JOHN E | Delete E | Title: Name: | PCEO (X) Change () Addition ROGAN, JOHN E | | |
| Address: | 2088 CROWN D | | Address: | 475 WEST TOWN PLACE, STE. 210 | | |
| City-St-Zip: | ST.AUGUSTINE, | FL 32092 | City-St-Zip: | ST.AUGUSTINE, FL 32092 | | |
| Title: | DC ()[| Delete | Title: | D (X) Change () Addition | | |
| Name: | LOMBARDO, JO | | Name: | RAWLINGS, PETER | | |
| Address: | 15192 BROLIO V | | Address: | 745 FIFTH AVENUE | | |
| City-St-Zip: | NAPLES, FL 34 | 110 | City-St-Zip: | NEW YORK, NY 10151 | | |
| Title: | D () | Coloto | Title: | D (X) Change () Addition | | |
| Name: | D ()[PICCIONE, TAL I | Delete P | Name: | D (X) Change () Addition PICCIONE, TAL P | | |
| Address: | 7 PHARIS PLACE | | Address: | 745 FIFTH AVENUE | | |
| City-St-Zip: | | RIVE, NJ 07458 | City-St-Zip: | NEW YORK, NY 10151 | | |
| Title: | D () | Delete | Title: | D (X) Change () Addition | | |
| Name: | DAVIES, RICHAR | | Name: | DAVIES, RICHARD | | |
| Address: | 319 HOWARD A | | Address: | 745 FIFTH AVENUE | | |
| City-St-Zip: | FAIR LAWN, NJ | 07410 | City-St-Zip: | NEW YORK, NY 10151 | | |
| Title: | CFO ()[| Delete | Title: | CFO (X) Change () Addition | | |
| Name: | ERVIN, RICHARI | | Name: | ERVIN, RICHARD L JR | | |
| Address: | 475 WEST TOW | | Address: | 475 WEST TOWN PLACE STE 210 | | |
| City-St-Zip: | ST. AUGUSTINE, | , FL 32092 | City-St-Zip: | ST. AUGUSTINE, FL 32092 | | |
| Title: | () [| Delete | Title: | D () Change (X) Addition | | |
| Name: | () - | | Name: | ELSASS, SANFORD | | |
| Address: | | | Address: | 745 FIFTH AVENUE | | |
| City-St-Zip: | | | City-St-Zip: | NEW YORK, NY 10151 | | |

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD L. ERVIN, JR. CFO 05/14/2007