2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 04, 2006
Secretary of State

DOCUMENT# P99000055180

Entity Name: AMERICAN QUALITY ASSOCIATES, INC.

Current Principal Place of Business:

5249 SE HORSESHOE PT. RD
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

5249 SE HORSESHOE PT. RD
STUART, FL 34997

New Mailing Address:

FEI Number: 65-0926522 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WYBLE, BARBARA J
5249 SE HORSESHOE PT. RD
STUART, FL 34997 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

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: WYBLE, BARBARA
Address: 5249 SE HORSESHOE PT. RD
City-St-Zip: STUART, FL 34997

Title: P ( ) Delete
Name: WYBLE, BARBARA
Address: 5249 SE HORSESHOE PT. RD
City-St-Zip: STUART, FL 34997

Title: S ( ) Delete
Name: BRAIN, WYBLE
Address: 1717 MONROE ST
City-St-Zip: STUART, FL 34997

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T ( ) Change (X) Addition
Name: ROBERT, MILLER
Address: PO BOX 1442
City-St-Zip: JENSEN BEACH, FL 34958 14

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: BARBARA WYBLE P 05/04/2006

Electronic Signature of Signing Officer or Director — Date