2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 08:00 Al Secretary of State

DOCUMENT # S23294 1. Entity Name QUALITY SWIMMING, INC.				Secretary of State			
Principal Place of Business 21218 ST. ANDREWS BLVD. #258 BOCA RATON, FL 33433 US Mailing Address 21218 ST. ANDREWS BLVD. #258 BOCA RATON, FL 33433 US BOCA RATON, FL 33433			S				
			03282006	No Chg-P	CR2E034 (1	eizii ecemen ii iebi	
DO NOT WRITE IN THIS SPA			CE	4. FEI Number 65-0233006			Applied For Not Applicable
				5. Certificate	of Status Desired	☐ \$8.7 Fee R	5 Additional equired
6. Name and Address of Current Registered Agent BROIDO, ANDREA S. 21218 ST ANDREWS BLVD. #258 BOCA RATON, FL 33433					NOT W		
	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and trit.	e if applicable. (NOTE, Register	i l	d when reinstating)	·	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be ded to Fees	04/29706° 	-80160-02 -80160-02	4 150.00
10.	OFFICERS AND DIRE	CTORS ,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROIDO, ANDREA 21218 ST. ANDREWS BLVD. #258 BOCA RATON, FL 33433	<u> </u>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCGREGOR, PATRICIA 21218 ST. ANDREWS BLVD #258 BOCA RATON, FL 33433	erer :					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		· •		IN	THIS SI	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE	1						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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