

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S79078

FILED
Apr 10, 2006
Secretary of State

Entity Name: QUALITY INSPECTION PLUS, INC.

Current Principal Place of Business:

3700 BENSON AVENUE N.
ST. PETERSBURG, FL 33713

New Principal Place of Business:

4834 SW 25TH PLACE
CAPE CORAL, FL 33914

Current Mailing Address:

3700 BENSON AVENUE N.
ST. PETERSBURG, FL 33713

New Mailing Address:

4834 SW 25TH PLACE
CAPE CORAL, FL 33914

FEI Number: 59-3075704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEWES, FRED
3700 BENSON AVENUE N.
ST. PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

DEPOMPA, MIKE
4834 SW 25TH PLACE
CAPE CORAL, FL 33914 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: MIKE V. DEPOMPA

04/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: ACQUAFRESCA, MICHAEL, W.
Address: 527 31ST AVE. N.
City-St-Zip: ST. PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: ACQUAFRESCA, MICHAEL, W.
Address: 527 31ST AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33704

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: M. W. ACQUAFRESCA

PRES

04/10/2006

Electronic Signature of Signing Officer or Director

Date