## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V29757

## FILED Jan 19, 2006 8:00 am Secretary of State

01-19-2006 90074 050 \*\*\*150.00

I. Q. S. BI		PRODUCTS, INC								
Principal Place of Business 702 TILLMAN PLACE PLANT CITY, FL 33566 US			Mailing Address 702 TILLMAN PLACE SUITE 100 PLANT CITY, FL 33566 US							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01042006	Chg-P	CR2E	34 (11/05)		
City & State			City & State			4. FEI Number 59-311				plied For at Applicable
Zìp		Country	Zip	Coun	itry		of Status Desired		\$8.75 Add Fee Require	litional d
	6. Name	and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered /	Agent	
SPARKMAN, DAVID E. 702 TILLMAN PLACE PLANT CITY, FL 33566					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Cod	e
the obligat	Some re typed	or printed name of regist and agen  FEE IS \$150.00  B Fee will be \$550.	9. Election Camp	TE: Registere	- / od Agent signature requi		th, in the State of Flo	DATE	amiliar with,	and accept
10.	,	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2103 COI	AN, DAVID E. JNTRY CLUB COURT TY, FL 33566	☐ Delete		1				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ľ				☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	l l					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		a information supplied wil	☐ Delete	CITY	EET ADORESS -ST-ZIP				Change	Addition

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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

PARK MAN

1-16-06 813-752-5449

Daytime Phone #