2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # V43160 1. Entity Name QUAR JAY SYSTEMS, INC. Principal Place of Business Mailing Address 6308 COOPER'S GREEN COURT ORLANDO, FL 32819 6308 COOPER'S GREEN COURT ORLANDO, FL 32819 No Chg-P CRZE034 (11/05) 04052008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3132123 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent QUARLESS, JOHN C. DO NOT WRITE 6308 COOPER'S GREEN COURT ORLANDO, FL 32819 IN THIS SPACE 8. 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. I am lamillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed meme at registered agent end title it applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11112.5 QUARLESS, JOHN C. NAME 6308 COOPER'S GREEN CRT. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL TD បរាទ 000000498357 04/22/06-80091-013 150.00 QUARLESS, JOHN C. NAME 6308 COOPER'S GREEN CRT. STREET ADDRESS ORLANDO, FL CITY-ST-ZIP TILE NAME STREET ADDRESS DO NOT WRITE City-St-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CXTY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplierrental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

H-5-06

407-362-7778

FILED