2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #V71551 1. Entity Name

QUALITY SHIPPING SUPPLY INC.



Principal Place of Business

4940 EAST BUSCH BLVD TAMPA, FL 33617

Mailing Address P.O. BOX 75955 TAMPA, FL 33675

FILED Jun 22, 2007 08:00 AM Secretary of State



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No Chg-P CR2E034 (11/05) 06202007 Applied For 4. FEI Number 59-3145276 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

IQBAL, SYED 10604 CORY LAKE DRIVE TAMPA, FL 33647

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the obligations of registered agent.			
SIGNATURE	if applicable (NOTE: Registered Agent	signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 familiar with, and accept

OFFICERS AND DIRECTORS 10. TITLE IQBAL, SYED R NAME STREET ADDRESS 10604 CORY LAKE DRIVE CITY-ST-ZIP **TAMPA, FL 33647** TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

U00000766548 06/22/07-80002-007 150.00

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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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee important that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee important that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee important that my name appears in Block 10 or Block 11 in the corporation of changed, or on an attachment with an address

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR