## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000003736

Entity Name: QUALICAPS, INC.

FILED Jan 26, 2006 Secretary of State

Current Pr	incipal Place	of Business:	New Prin	New Principal Place of Business:			
	NZ WARNER F I, NC 27377	ARKWAY					
Current Ma	ailing Addres:	s:	New Mail	New Mailing Address:			
	NZ WARNER F T, NC 27377	ARKWAY					
FEI Number: 35-1875434 FEI Number Applied For ( ) FEI Number			FEI Number Not App	umber Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Address of C	urrent Registered Agent:	Name and	d Address of N	New Registered Age	ent:	
1200 SOUT PLANTATIO			ırpose of changing	its registered o	office or registered aç	gent, or both,	
SIGNATUR							
Electronic Signature of Registered Agent					Date		
Election Can	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MORI, MASAHAI 6505 FRANZ WA WHITSETT, NC	ARNER PARKWAY 27377	Title: Name: Address: City-St-Zip:	HUGILL, HERB 6505 FRANZ V WHITSETT, NO	VARNER PARKWAY 27377		
Title: Name: Address: City-St-Zip:	STELLA, DENNI	ARNER PARKWAY	Title: Name: Address: City-St-Zip:	(	) Change()Addition		
Title: Name: Address: City-St-Zip:	PCEO () BOWERS, GRE- 6505 FRANZ W/ WHITSETT, NC	ARNER PKWY	Title: Name: Address: City-St-Zip:	HUGILL, HERB	VARNER PKWY		
Title: Name: Address: City-St-Zip:	S () VERCHICK, PAU 6505 FRANZ WA WHITSETT, NC	ARNER PKWY	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	D () MAEDA, TAKASI SHIONOGI & CO DOSCHOMACH,	MPANY LTD	Title: Name: Address: City-St-Zip:	D (X TOMIOKA, TAK 6505 FRANZ V WHITSETT, NO	VARNER PKY		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D ( SAKAIRI, MASA 6505 FRANZ V WHITSETT, NO	VARNER PKY		

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: DENNIS M STELLA T 01/26/2006