2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 22, 2008
Secretary of State

DOCUMENT# 856526

Entity Name: QUALITY MANUFACTURED HOME SALES, INC.

Current Principal Place of Business:

31550 NORTHWESTERN HWY
SUITE 120
FARMINGTON HILLS, MI 48334 US

New Principal Place of Business:

Current Mailing Address:

31550 NORTHWESTERN HWY
SUITE 120
FARMINGTON HILLS, MI 48334 US

New Mailing Address:

FEI Number: 38-2384145 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUILIANO, SHARON
9925 ULMERTON ROAD
LARGO, FL 33771 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: FONS, JUDY A
Address: 31550 NORTHWESTERN HWY SUITE 120
City-St-Zip: FARMINGTON HILLS, MI 48334 US

Title: P ( ) Delete
Name: FONS, DAVID A
Address: 31550 NORTHWESTERN HWY SUITE 120
City-St-Zip: FARMINGTON HILLS, MI 48334 US

Title: VP ( ) Delete
Name: FONS, JUDY A
Address: 31550 NORTHWESTERN HWY STE 120
City-St-Zip: FARMINGTON HILLS, MI 48334 US

Title: T ( ) Delete
Name: FONS, DAVID A
Address: 31550 NORTHWESTERN HWY STE 120
City-St-Zip: FARMINGTON HILLS, MI 48334 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DIR ( ) Change (X) Addition
Name: FONS, DAVID A
Address: 31550 NORTHWESTERN HWY. STE. 120
City-St-Zip: FARMINGTON HILLS, MI 48334 US

I hereby certify that the information supplied with this filing does not qualify 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: DAVID A. FONS PRES 09/22/2008

Electronic Signature of Signing Officer or Director — Date