2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856526

FILED Jan 26, 2009 Secretary of State

Entity Name: QUALITY MANUFACTURED HOME SALES, INC.

Current Principal Place of Business:				New Principal F	New Principal Place of Business:	
SUITE 120	RTHWESTERN) TON HILLS, MI		US			
	lailing Address			New Mailing Ad	ldrace:	
	_			New Maining Ad	iuless.	
SUITE 120	RTHWESTERN) TON HILLS, MI		US			
FEI Number	: 38-2384145	FEI Num	ber Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and	Address of Cu	ırrent R	egistered Agent:	Name and Addr	ess of New Registered Agent:	
GUILIANO, SHARON 9925 ULMERTON ROAD LARGO, FL 33771 US				9925 ULMÉRTO	GUILIANO, SHARON E 9925 ULMERTON ROAD LARGO, FL 33771 US	
	named entity so e of Florida.	ubmits th	is statement for the p	ourpose of changing its reg	istered office or registered agent, or both,	
			ANO.		01/26/2009	
SIGNATUI	RE: SHARON	E. GUILI	AINO		0112012000	
	Electroni	Signati	ure of Registered Age d Contribution ().	ent	Date	
Election Car	Electroni	Signati	re of Registered Age			
Election Car	Electronion Electronion Electronion Electronion Electronic Electro	C Signation Trust Fur ORS: Delete ESTERN I	ure of Registered Age d Contribution (). HWY SUITE 120		Date	
Election Car OFFICER: Title: Name: Address:	Electronic mpaign Financing S AND DIRECT S ()I FONS, JUDY A 31550 NORTHW FARMINGTON H	C Signato Trust Fur ORS: Delete ESTERN HILLS, MI 4 Delete ESTERN H	ure of Registered Age d Contribution (). HWY SUITE 120 8334 US	ADDITIONS/CH Title: Name: Address:	Date ANGES TO OFFICERS AND DIRECTOR	
Election Car OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic	C Signato Trust Fur ORS: Delete ESTERN FILLS, MI 4 Delete ESTERN FILLS, MI 4 Delete ESTERN FILLS, MI 4	ure of Registered Age d Contribution (). HWY SUITE 120 HWY SUITE 120 HWY SUITE 120 HWY SUITE 120 HWY STE 120	ADDITIONS/CH Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ANGES TO OFFICERS AND DIRECTOR () Change () Addition	
Election Car OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic	C Signato Trust Fur ORS: Delete ESTERN FILLS, MI 4 Delete ESTERN FILLS, MI 4 Delete ESTERN FILLS, MI 4 Delete ESTERN FILLS, MI	ure of Registered Age d Contribution (). WY SUITE 120 8334 US WY STE 120 48334 US	ADDITIONS/CH Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	Date ANGES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition	

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: JUDY A. FONS VP 01/26/2009