

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063492

FILED
Feb 16, 2006
Secretary of State

Entity Name: A-1 QUALITY OFFICE MACHINES LLC

Current Principal Place of Business:

3506 PENINSULA CIRCLE
MELBOURNE, FL 32940 US

New Principal Place of Business:

4951 ECSTASY CIRCLE
COCOA, FL 32926 US

Current Mailing Address:

3506 PENINSULA CIRCLE
MELBOURNE, FL 32940 US

New Mailing Address:

4951 ECSTASY CIRCLE
COCOA, FL 32926 US

FEI Number: 20-3055611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUNN, FRANK
407 EAST NEW HAVEN AVENUE
MELBOURNE, FL 329014507 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

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: O'CONNOR, CONNIE
Address: 3506 PENINSULA CIRCLE
City-St-Zip: MELBOURNE, FL 32940 US

Title: MGR (X) Delete
Name: CHEATHAM, JOHN
Address: 352 TUSCANY WAY #210
City-St-Zip: MELBOURNE, FL 32940 US

Title: MGR () Delete
Name: SCARFONE, ROB
Address: 4951 ECSTASY CIRCLE
City-St-Zip: COCOA, FL 32926 US

ADDITIONS/CHANGES:

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

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

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

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FRANK BRUNN

RA

02/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date