· 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 04, 2007 8:00 am Secretary of State 05-09-2007 90091 042 ***150.00

Principal Place of Business 4923 MISSELSHELL DRIVE NEW PORT RICHEY, FL 34655 2. Principal Place of Business - No P.O. Box # 3. Moding Address Suite, Apt. 4, etc.	DOCUMENT # P06000004213 1. Entity Name QUALITY TRAINING & CONSULTING, INC.							/ 90091 042 ***	130.00
4923 MUSSELSHELL DRIVE NEW PORT RICHEY, FL 34655 Suite, Apt. 4, etc. S	Principal Place	e of Business	Mailing Address			1	0001	Q • -	
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City & State Country Country Country Country Country Country Country S. Certificate of Status Desired S. St. 75 Additional Free Required Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. SIGNATURE SIGNATU	2. Principal Place of Business - No P.O. Box #		3. Mailing Address				LEEJ 31112 06121 2201 0311	 	
Signature Sign	Suite, Apt. #, etc.		Suite, Apt, #, etc.			02282007	Chg-P	CR2E034 (12/06)	
6. Name and Address of Current Registered Apon! 7. Name and Address of New Registered Apon! 7. Name and Address of New Registered Apon! 7. Name and Address of New Registered Apon! 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florid	City & State		City & State		4. FEI Number	411524	5 N	· · · · · · · · · · · · · · · · · · ·	
SPIECEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City FL Zip Code 8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** **SIG	Zip	Country	ZIp	Country	,	5. Certificate of	of Status Desired		
Sired Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent	<u>_</u>		7. Name and	Address of New Ro	egistered Agent	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	SPIEGEL	& UTRERA. P.A.			Name -				
MIAMI, FL 33145 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symmum, speed International or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the provided agent, or both, in the State of Florida. I am familiar with, and accept the provided agent ag	1840 SW 2	22ND ST.			Street Address (P.O. Box Numbe	r is Not Acceptable)	
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SIGNATURE ### SUPPLY CONTROLLED STATES AND DIRECTORS ### PORT RICHEY, FL 34655 ### PORT RICHEY, FL			r the purpose of changing its	registered	office or register	ed agent, or both	n, in the State of Flo	rida. I am familiar with,	and accept
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and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director id to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if it other like empowered.

Clifford D Carvin 4/14/07 727-643-78-7