2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000080252

Entity Name: DOUGLAS QUALITY SERVICES, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3257 NEW S PROVINCE BLVD UNIT 2 FORT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

3257 NEW S PROVINCE BLVD UNIT 2 FORT MYERS, FL 33907

FEI Number: 20-5061031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAX HOUSE CORPORATION METRO BUSINESS SOLUTIONS 1261 E SAMPLE RD 3940 METRO PKWY

POMPANO BEACH, FL 33064 US 105

FORT MYERS, FL 33916 US

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: METRO BUSINESS SOLUTIONS, INC 04/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ANTONIELLE DA SILVA, DOUGLAS A DA SILVA CUNHA, DOUGLAS A Name: Name: 3257 NEW S PROVINVE BLVD #2 3257 NEW S PROVINVE BLVD #2 Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete Title: () Change () Addition

 Name:
 LOPES DE OLIVEIRA, CARLOS
 Name:

 Address:
 2346 WINKLER AVE #101-D
 Address:

 City-St-Zip:
 FORT MYERS, FL 33901
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 LOPES DE OLIVEIRA, ERASMO
 Name:

 Address:
 2346 WINKLER AVE #101-D
 Address:

 City-St-Zip:
 FORT MYERS, FL 33901
 City-St-Zip:

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: DOUGLAS ANTONIELLE DA SILVA P 04/30/2007