2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000005746

1. Entity Name
QUALITY COMMUNICATIONS & ALARM COMPANY, INC

Principal Place of Business	Mailing Address
1985 SWARTHMORE AVENUE, SUITE #4 LAKEWOOD, NJ 08701	1985 SWARTHMORE AVENUE, SUITE #4 LAKEWOOD, NJ 08701

DO NOT WRITE IN THIS SPACE

03272006 No Chg-P CR2E034 (11/05)

4. FEI Number
22-3400116

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, STE 4
WESTON, FL 33331

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000489010
04/17/06-80029-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHUBIGER, RICHARD
STREET ADDRESS	112 WEST CIRCLE DR
CITY-ST-ZIP	LEXINGTON, SC 29072
TITLE	V
NAME	FORTIER, BRIAN
STREET ADDRESS	1985 SWARTHMORE AVENUE, SUITE #4
CITY-ST-ZIP	LAKEWOOD, NJ 08701
TITLE	S
NAME	HABER, MATTHEW
STREET ADDRESS	1985 SWARTHMORE AVENUE, SUITE #4
CITY-ST-ZIP	LAKEWOOD, NJ 08701
TITLE	C
NAME	HIDALGO, ANDREW
STREET ADDRESS	ONE EAST UWCHLAN AVE, SUITE 301
CITY-ST-ZIP	EXTON, PA 19341
TITLE	VC
NAME	HEATER, JOSEPH
STREET ADDRESS	ONE EAST UWCHLAN AVE, SUITE 301
CITY-ST-ZIP	EXTON, PA 19341
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/28/06 232-230-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #