2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# F05000005746

Entity Name: QUALITY COMMUNICATIONS & ALARM COMPANY, INC

Current Principal Place of Business:

1985 SWARTHMORE AVENUE, SUITE #4
LAKEWOOD, NJ 08701

New Principal Place of Business:

Current Mailing Address:

1985 SWARTHMORE AVENUE, SUITE #4
LAKEWOOD, NJ 08701

New Mailing Address:

FEI Number: 22-3400116 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: SCHUBIGER, RICHARD
Address: 112 WEST CIRCLE DR
City-St-Zip: LEXINGTON, SC 29072

Title: V ( ) Delete
Name: FORTIER, BRIAN
Address: 1985 SWARTHMORE AVENUE, SUITE #4
City-St-Zip: LAKEWOOD, NJ 08701

Title: S ( ) Delete
Name: HABER, MATTHEW
Address: 1985 SWARTHMORE AVENUE, SUITE #4
City-St-Zip: LAKEWOOD, NJ 08701

Title: C ( ) Delete
Name: HIDALGO, ANDREW
Address: ONE EAST UWCHLAN AVE, SUITE 301
City-St-Zip: EXTON, PA 19341

Title: VC ( ) Delete
Name: HEATER, JOSEPH
Address: ONE EAST UWCHLAN AVE, SUITE 301
City-St-Zip: EXTON, PA 19341

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: FORTIER, BRIAN
Address: 1985 SWARTHMORE AVENUE, SUITE #4
City-St-Zip: LAKEWOOD, NJ 08701

Title: V (X) Change ( ) Addition
Name: HABER, MATTHEW
Address: 1985 SWARTHMORE AVENUE, SUITE #4
City-St-Zip: LAKEWOOD, NJ 08701

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 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: ROBERT F HABER CTRL 06/15/2009

Electronic Signature of Signing Officer or Director Date