

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007722

FILED  
Feb 08, 2007  
Secretary of State

Entity Name: QUALITY OF LIFE ADULT SERVICES INC

**Current Principal Place of Business:**

15 ALPINE ST  
RENSSELAER, NY 12144

**New Principal Place of Business:**

**Current Mailing Address:**

15 ALPINE ST  
RENSSELAER, NY 12144

**New Mailing Address:**

FEI Number: 14-1827142

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COOPERIDER, JAMIE  
2632 GRANADA BAY DRIVE  
BLDG. 14  
MELBOURNE, FL 32934 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OSTERHOUT, GARY  
Address: 15 ALPINE ST  
City-St-Zip: RENSSELAER, NY 12144

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: GARY OSTERHOUT

P

02/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date