JOS FOR PROFIT CORPORATION ANNUAL REPORT

JMENT # F07000001561

QUALITY ASSURANCE REVIEWS, INC.



FILED Jan 30, 2008 08:00 AM Secretary of State

Principal Place of Business

8 NESHAMINY INTERPLEX

SUITE 207 TREVOSE, PA 19053 Mailing Address

8 NESHAMINY INTERPLEX SUITE 207 TREVOSE, PA 19053



DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 23-3073196 Not Applicable

5. Certificate of Status Desired

01042008

\$8.75 Additional

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

No Chg-P

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its register	ed office or registered agent, or b	oth, in the State of Fiorida. I am fam	iliar with, and accept
SIGNATURE					
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	 Election Campaign Finar Trust Fund Contribution. 	\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT P HORWITZ, ALAN D 8 NESHAMINY INTERPLEX #207 TREVOSE, PA 19053	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				000000804307 02/05/08-80063-009	150.00
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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 redort 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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

GOFFICER OR DIRECTOR