

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004343

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** QUALITY SERVICES ALLIANCE GROUP, INC.

**Current Principal Place of Business:**

NCH  
101 CONVENTION CENTER DR  
LAS VEGAS, NV 89109

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 27740  
LAS VEGAS, NV 89126

**New Mailing Address:**

**FEI Number:** 26-0806849

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FIELDS, EVERETTE D  
11105 DORY CT  
ORLANDO, FL 32837 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: CADAVID, MARTHA I  
Address: 11105 DORY CT.  
City-St-Zip: ORLANDO, FL 32837

Title: VD  
Name: FIELDS, EVERETTE D  
Address: 11105 DORY CT.  
City-St-Zip: ORLANDO, FL 32837

I hereby 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 all other like empowered.

SIGNATURE: EVERETTE DOUGLAS FIELDS

VD

04/04/2011

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

\_\_\_\_\_  
Date