


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90034 019 ***158.75

DOCUMENT # F95000002550					
1. Entity Name QUALITY ENTERPRISES USA, INC.					
Principal Place of Business 3894 MANNIX DRIVE STE 216 NAPLES, FL 34114-5406 US			Mailing Address 3894 MANNIX DRIVE STE 216 NAPLES, FL 34114-5406 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 54-0947002	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MURRELL, HOWARD J 2827 SILVERLEAF LANE NAPLES, FL 34105				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURRELL, HOWARD J JR.		NAME		
STREET ADDRESS	3894 MANNIX DRIVE STE 216		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 341145406		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURRELL, JOHN		NAME		
STREET ADDRESS	208 TINTERN COURT		STREET ADDRESS		
CITY-ST-ZIP	CHESAPEAKE, VA 23320		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURRELL, STACEY		NAME		
STREET ADDRESS	3894 MANNIX DRIVE STE 216		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 341145406		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORIARTY, PAUL		NAME		
STREET ADDRESS	3894 MANNIX DRIVE STE 216		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 341145406		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHIPP, WILLIAM A JR		NAME		
STREET ADDRESS	208 TINTERN COURT		STREET ADDRESS		
CITY-ST-ZIP	CHESAPEAKE, VA 23320		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLICKO, RICHARD		NAME		
STREET ADDRESS	3894 MANNIX DRIVE STE 216		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 341145406		CITY-ST-ZIP		

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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Howard J. Murrell, Jr.

1/21/08

239-435-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #