

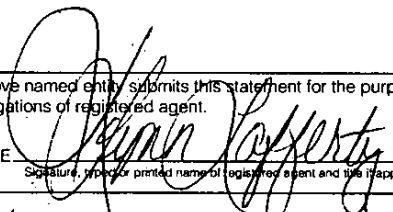
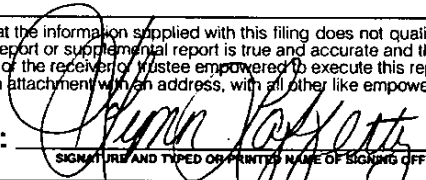


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-24-2008 90097 042 ***150.00

DOCUMENT # G62873 1. Entity Name ENVIRONMENTS OF QUALITY, INC.					
Principal Place of Business 600 SANDTREE DRIVE 212 PALM BEACH GARDENS, FL 33403 US			Mailing Address 600 SANDTREE DRIVE 212 PALM BEACH GARDENS, FL 33403 US		
2. Principal Place of Business - No P.O. Box # 19510 U.S. Hwy 1 North Suite, Apt. #, etc.		3. Mailing Address 19510 US Hwy 1 N Suite, Apt. #, etc.			
City & State Tequesta, FL 33469 Zip FL Country U.S.A.		City & State Tequesta, FL Zip 33469 Country		4. FEI Number 59-2333285	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04212008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent JOLYNN LAFFERTY 10337 BANYAN WAY TEQUESTA, FL 33469			7. Name and Address of New Registered Agent 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  DATE 4/21/08 <small>Signature, print or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY - ST - ZIP	PD JOLYNN LAFFERTY 600 SANDTREE DRIVE STE 212 PALM BEACH GARDENS, FL 33403 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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: 			Date 4/21/08 Daytime Phone # 561-222-2200		