2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H68228

Entity Name: QUALITY SEPTIC SYSTEMS, INC.

FILED Jul 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

101 WEST BAY STREET 21020 OBRIEN ROAD

OCOEE, FL 34761 US GROVELAND, FL 34736 US

Current Mailing Address: New Mailing Address:

101 WEST BAY STREET PO BOX 488

OCOEE, FL 34761 US OCOEE, FL 34761 US

FEI Number: 59-2572811 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CLAY, DARRELL W.

101 WEST BAY STREET

OCOEE, FL 34761 US

CLAY, DARRELL W.
21020 OBRIEN ROAD
GROVELAND, FL 34736 US

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: DARRELL W. CLAY 07/05/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: CLAY, DARRELL W., Name: CLAY, DARRELL W.,

 Address:
 101 WEST BAY STREET
 Address:
 21020 OBRIEN ROAD

 City-St-Zip:
 OCOEE, FL
 City-St-Zip:
 GROVELAND, FL 34736

Title: DV () Delete Title: DV (X) Change () Addition Name: CLAY, JEFFERY D Name: CLAY, JEFFERY D

 Name:
 CLAY, JEFFERY D
 Name:
 CLAY, JEFFERY D

 Address:
 101 WEST BAY ST.
 Address:
 21020 OBRIEN ROAD

 City-St-Zip:
 OCOEE, FL 34761
 City-St-Zip:
 GROVELAND, FL 34736

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 CLARK, JENNIFER J
 Name:
 CLARK, JENNIFER J

 Address:
 101 WEST BAY ST
 Address:
 21020 OBRIEN ROAD

 City-St-Zip:
 OCOEE, FL 34761
 City-St-Zip:
 GROVELAND, FL 34736

I hereby certify that the information supplied with this filing does not qualify 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: DARRELL W. CLAY DP 07/05/2007