

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K05840

FILED
Jul 03, 2007
Secretary of State

Entity Name: QUALITY POWER TOOL SERVICE, INC.

Current Principal Place of Business:

4995 71ST AVENUE N.
P O BOX 2571
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

4995 71ST AVENUE N.
PINELLAS PARK, FL 33781 US

Current Mailing Address:

4995 71ST AVENUE N.
P O BOX 2571
PINELLAS PARK, FL 337802571 US

New Mailing Address:

P O BOX 2571
PINELLAS PARK, FL 337802571 US

FEI Number: 59-2859940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, CLIFF
4995 71ST AVENUE NORTH
PINELLAS PARK, FL 33781 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

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:

Title: PSTD () Delete
Name: SMITH, CLIFF,
Address: 5901-91ST AVE N.
City-St-Zip: PINELLAS PARK, FL 33782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CLIFF SMITH

PSTD

07/03/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date