

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 25, 2006
Secretary of State**

DOCUMENT# L03000047763

Entity Name: QUALITY PLUS, LLC

Current Principal Place of Business:

49 BENNY ROGERS ROAD
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

49 BENNY ROGERS ROAD
CRAWFORDVILLE, FL 32327 US

New Mailing Address:

FEI Number: 20-0440210 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAY, KIRK R
49 BENNY ROGERS ROAD
CRAWFORDVILLE, FL 32327 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DAY, KIRK R
Address: 49 BENNY ROGERS ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: HAUCK, BRUCE
Address: 339 BEECHWOOD DR
City-St-Zip: CRAWFORDVILLE, FL 32327 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KIRK R DAY

MGR

04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date