## 2008 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT** FILED Apr 24, 2008 08:00 AN Secretary of State DOCUMENT # L03000050192 1. Entity Name QUALITY 1, LLC Principal Place of Business Mailing Address 16420 RUSTIC RD 16420 RUSTIC RD LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 01272008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0467723 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. DO NOT WRITE 11380 PROSPERITY FARMS RD #221E PALM BEACH GARDENS, FL 33410 IN THIS SPACE 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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGR MLE NAME LALONDE, DENIS 16420 RUSTIC RD STREET ADDRESS U000000918168 LOXAHATCHEE, FL 33470 CITY-ST-ZIP 05/13/08-80058-012 138.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MILE NAME STREET ADDRESS CITY-ST-ZIP MÆ NAME STREET ADDRESS CITY-ST-ZIP MLE

NAME Street Address City-St-Zip

<sup>11.</sup> 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 is true and accurate and that my 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.