2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 12, 2006 08:00 AM Secretary of State DOCUMENT # L04000016522 1. Emity Name QUALITY IS A BELL, LLC Mailing Address Principal Place of Business 2109 WINNETKA CT. ORLANDO FL 32818 2109 WINNETKA CT. ORLANDO FL 32818 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 34-1996270 Not Applicable Zip Country Z≀p Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BELL, GRAHAM** Street Address (P.O. Box Number is Not Acceptable) 2109 WINNETKA CT. ORLANDO FL 32818 City 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 Signature, upper or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES Ø. 10. TITLE MGR Delcte Title ☐ Change ☐ Addition NAME BELL, GRAHAM NAME U0000050538**8** STREET ADDRESS STREET ADDRESS 2109 WINNETKA CT 04/26/06-80115-004 55.00 CITY-ST-ZIP ORLANDO FL 32818 CITY-ST-ZIP TITLE ☐ Delete 177LE ☐ Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete ☐ Change ☐ Addition THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-St-ZIP Delete TIELE THE ☐ Change Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-IN DILE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 21P CITY-SI-70 ☐ Defete DD E TITLE ☐ Change ☐ Addition NAME NAME STREET ADURESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Section 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 cath, 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:

- B.D

GRAHAM BELL

4/9/06

FILED