
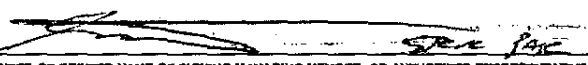


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Aug 03, 2007 08:00 AM  
Secretary of State**

|  |  |   |
|--|--|---|
| <b>DOCUMENT # L04000059079</b>   |  |  |
| 1. Entity Name<br>QH SERVICES, LLC   |  |   |
| Principal Place of Business<br>20001 GULF BLVD., SUITE 5<br>INDIAN SHORES, FL 33785  | Mailing Address<br>20001 GULF BLVD., SUITE 5<br>INDIAN SHORES, FL 33785        |   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |   |
| 6. Name and Address of Current Registered Agent<br><br>ARSENAULT, KENNETH G JR<br>ARSENAULT LAW GROUP, P.A.<br>10225 ULMERTON ROAD, SUITE 2<br>LARGO, FL 33771   |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>   |  |   |
| DATE _____   |  |   |
| Filing Fee is \$50.00<br>Due by September 14, 2007   |  |   |
| 9. MANAGING MEMBERS/MANAGERS   |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>PAGE, STEPHEN J<br>20001 GULF BLVD., SUITE 5<br>INDIAN SHORES, FL 33785 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| 11. 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |   |
| SIGNATURE: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>  |  | 8/1/07<br><small>Date Daytime Phone #</small>                                     |



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CR2E083 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>20-1471321                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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08/03/07-80004-022 50.00