2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000059079

1. Entity Name QH SERVICES, LLC

FILED Mar 14, 2008 08:00 AN Secretary of State

Principal Place of Business

20001 GULF BLVD., SUITE 5 INDIAN SHORES, FL 33785

Mailing Address

20001 GULF BLVD., SUITE 5 INDIAN SHORES, FL 33785



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01312008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1471321

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARSENAULT, KENNETH G JR ARSENAULT LAW GROUP, P.A. 10225 ULMERTON ROAD, SUITE 2 LARGO, FL 33771

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| The above named entity submits the obligations of registered age | | ing its registered office or registered agent, or bol | th, in the State of Florida. I am familiar with, and accept |
|----------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| SIGNATURE Signature, typed or printed in | arne of registered agent and title if applicable | (NOTE Registered Agent argusture required when reinstating) | DATE |

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------------------------|-----------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | MGR PAGE, STEPHEN J 20001 GULF BLVD., SUITE 5 INDIAN SHORES, FL 33785 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | certify that the information supplied with this filing does not qualify for the e |

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/11/08

Daytime Phone #