

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90046 041 \*\*\*\*50.00

<b>DOCUMENT # L04000067365</b>					
<b>1. Entity Name</b> QUALITY CONSULTING GROUP, LLC					
<b>Principal Place of Business</b> 613 SILVER THORN RD. GULF BREEZE, FL 32561			<b>Mailing Address</b> 613 SILVER THORN RD. GULF BREEZE, FL 32561		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 71-0970420	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WALKER, PEGGY J. 613 SILVER THORN RD. GULF BREEZE, FL 32561			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code		
<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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> BELL, JIM 28 PARISH HILL RD. GRANBY, MA 01033	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> Tom Ward 4819 W. Lymhurst Dr. Peoria, IL 61615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> CREIGHTON, SUE 2612 CYPRESS WOOD CT. RALEIGH, NC 27606	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> Mike Samski 8318 N. Oketo Niles, IL 60714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> MOONEY, JIM 3186 BEECHBERRY CIRCLE DAVIE, FL 33328	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> VACCA, DON 4024 E. PALO BREA LN. CAVE CREEK, AZ 85331	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> WALKER, PEGGY 613 SILVERTHORN RD. GULF BREEZE, FL 32561	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> WHITE, JOE 233 DORCHESTER RD. AKRON, OH 44313	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> _____			Date <span style="float: right;">850-932-4117</span>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					