
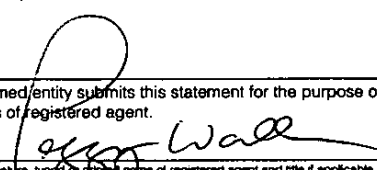
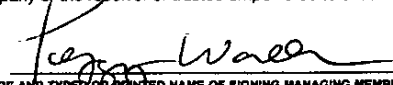


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90286 001 ****50.00

DOCUMENT # L04000067365 1. Entity Name QUALITY CONSULTING GROUP, LLC					
Principal Place of Business 613 SILVER THORN RD. GULF BREEZE, FL 32561			Mailing Address 613 SILVER THORN RD. GULF BREEZE, FL 32561		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03202006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 71-0970420				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALKER, PEGGY J 613 SILVER THORN RD. GULF BREEZE, FL 32561			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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		 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 3-20-06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELL, JIM 28 PARISH HILL RD. GRANBY, MA 01033	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Tom Ward 4819 W. Lynnhurst Dr. Peoria, IL 61615
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CREIGHTON, SUE 2612 CYPRESS WOOD CT. RALEIGH, NC 27606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Mike Sumski 8318 N. Oakton Arling, IL 60714
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
				Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOONEY, JIM 3186 BEECHBERRY CIRCLE DAVIE, FL 33328	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VACCA, DON 4024 E. PALO BREA LN. CAVE CREEK, AZ 85331	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALKER, PEGGY 613 SILVERTHORN RD. GULF BREEZE, FL 32561	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, JOE 233 DORCHESTER RD. AKRON, OH 44313	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:		 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
		Date March 20, 2006		Daytime Phone # 850-932-4117	

Peggy Walker