2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 20, 2008
Secretary of State

DOCUMENT# L06000049067

Entity Name: QUALITY INTERIORS, LLC

Current Principal Place of Business:

6854 CR 660 NE
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1587
ARCADIA, FL 34265 US

New Mailing Address:

FEI Number: 59-6194363 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELLS, LEWIS A II
6854 CR 660 NE
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MR. ( ) Delete
Name: WELLS, LEWIS A II
Address: 6854 CR 660 NE
City-St-Zip: ARCADIA, FL 34266 US

Title: MR. ( ) Delete
Name: HARRINGTON, STEVE
Address: 6854 CR 660 NE
City-St-Zip: ARCADIA, FL 34266 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MR. ( ) Change (X) Addition
Name: ALLEN, WADE
Address: 6854 CR 660 NE
City-St-Zip: ARCADIA, FL 34266 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LEWIS A. WELLS II MGRM 08/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date