2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Nov 21, 2007
Secretary of State

DOCUMENT# L06000073869

Entity Name: QUALITY ACADEMICS LLC

Current Principal Place of Business:

1601 N PALM AVE
210
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

1601 N PALM AVE
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 20-5019208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, KARIMA
1601 N PALM AVE
PEMBROKE PINES, FL 33322 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: MGRM ( ) Delete
Name: SMITH, KARIMA
Address: 1601 N PALM AVE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGRM ( ) Delete
Name: RHONE, VENULA
Address: 1601 N PALM AVE
City-St-Zip: PEMBROKE PINES, FL 33026

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

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: CLARKE, ARWIN
Address: 1601 N PALM AVE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGRM ( ) Change (X) Addition
Name: WILLIAMS, GARY
Address: 1601 N PALM AVE
City-St-Zip: PEMBROKE PINES, FL 33026

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: KARIMA SMITH MGRM 11/21/2007

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