2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2008
Secretary of State

DOCUMENT# L07000088343

Entity Name: QUALITY TOUCH REMODELING LLC

Current Principal Place of Business:

7919 MULHALL DR
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

7919 MULHALL DR
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 26-0806692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, CHRISTOPHER
5145 B BUCKHEAD RD
MIDDLEBURG, FL 32068 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: P ( ) Delete
Name: SINGLETARY, CLYDE E
Address: 7919 MULHALL DR
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: S ( ) Delete
Name: BROWN, CHRISTOPHER
Address: 5145 B BUCKHEAD RD
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: VP ( ) Delete
Name: FLEISCHER, JACKIE
Address: 7919 MULHALL DR
City-St-Zip: JAKSONVILLE, FL 32216 US

ADDITIONS/CHANGES:

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

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

Title: VP (X) Change ( ) Addition
Name: HOOVER, BRITTANEY R
Address: 5145 B BUCKHEAD RD
City-St-Zip: MIDDLEBURG, FL 32068 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: CLYDE E SINGLETARY P 01/30/2008

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