
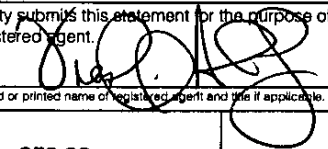
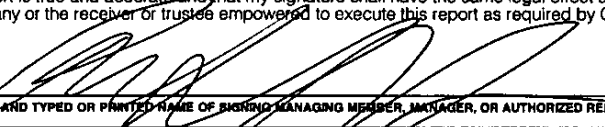


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90119 019 ****55.00

DOCUMENT # M00000001073					
1. Entity Name QUALITY MATERIALS, LLC					
Principal Place of Business 14400 ROBIN RD. ROTONDA MEADOWS, FL 33981			Mailing Address PO BOX 380775 PORT CHARLOTTE, FL 33938-0775		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1909 Piccadilly Cir			
City & State		City & State Cape Coral FL		4. FEI Number 39-1398002	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33991		Country US		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHNEIDER, JAMES H 1428 BRANDY WINE CIR. FT. MYERS, FL 33919			7. Name and Address of New Registered Agent Name Frank Aloia Jr Street Address (P.O. Box Number is Not Acceptable) 2250 1st St. City Ft. Myers FL Zip Code 33901		
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 			DATE 5/3/05		
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)			Filing Fee is \$50.00 Due by September 7, 2005		
Make check payable to Florida Department of State			Filing Fee is \$50.00 Due by September 7, 2005		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEILER, R. JEFF 1777 TAMiami TRAIL, SUITE 304 PORT CHARLOTTE, FL 33948		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Scalzo, Ronald V. Jr. 1909 Piccadilly Cir Cape Coral FL 33991	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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.					
SIGNATURE: 			Date 5-1-05		
Signature and typed or printed name of signing managing member, manager, or authorized representative			Daytime Phone # 239-573-5211		