## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000012182

FILED Mar 19, 2007 Secretary of State

Entity Name: FLORIDA AFFORDABLE QUALITY SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

1875 ALLENDALE DRIVE

CLEARWATER, FL 33760 US

Current Mailing Address: New Mailing Address:

1875 ALLENDALE DRIVE

CLEARWATER, FL 33760 US

FEI Number: 20-3892750 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PUSKAS, IRIS L HILHOUSE, ANGELA S/TR
1875 ALLENDALE DRIVE
CLEARWATER, FL 33760 US CLEARWATER, FL 33760 US

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: ANGELA HILHOUSE 03/19/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 PUSKAS, IRIS
 Name:
 PUSKAS, IRIS

Address: 1875 ALLENDALE DRIVE Address: 1875 ALLENDALE DRIVE
City-St-Zip: CLEARWATER, FL 33760 US City-St-Zip: CLEARWATER, FL 33760 US

Title: VP ( ) Delete Title: D (X) Change ( ) Addition Name: MILANESE, NINA Name: MILANESE, NINA

Address: 1875 ALLENDALE DRIVE Address: 1875 ALLENDALE DRIVE
City-St-Zip: CLEARWATER, FL 33760 US City-St-Zip: CLEARWATER, FL 33760 US

Title: S/TR ( ) Delete Title: S/TR (X) Change ( ) Addition

Name:HILLHOUSE, ANGELAName:HILHOUSE, ANGELAAddress:1875 ALLENDALE DRIVEAddress:1875 ALLENDALE DRIVECity-St-Zip:CLEARWATER, FL 33760 USCity-St-Zip:CLEARWATER, FL 33760 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NINA MILANESE D 03/19/2007