

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000096269

FILED
May 01, 2008
Secretary of State**Entity Name:** QUALITY TOUCH SERVICES INC**Current Principal Place of Business:**1133 S UNIVERSITY DR
STE 211
PLANTATION, FL 33324**New Principal Place of Business:**1517 NW 97 TER
CORAL SPRINGS, FL 33071**Current Mailing Address:**1133 S UNIVERSITY DR
STE 211
PLANTATION, FL 33324**New Mailing Address:**1517 NW 97 TER
CORAL SPRINGS, FL 33071**FEI Number:** 65-1047529**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JOSEPH, ALAND
1517 NW 97 TER
CORAL SPRINGS, FL 33071 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**OFFICERS AND DIRECTORS:****Title:** S () Delete
Name: FAUSTIN, BARBARA
Address: 1751 SW 85 TERR
City-St-Zip: MIRAMAR, FL 33025**Title:** D (X) Delete
Name: JOSEPH, ALAND
Address: 1517 NW 97 TERR
City-St-Zip: CORAL SPRINGS, FL 33071**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: JOSEPH, ALAND
Address: 1517 NW 97 TERR
City-St-Zip: CORAL SPRINGS, FL 33071**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH ALAND

P

05/01/2008

Electronic Signature of Signing Officer or Director_____
Date