

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068703

FILED
Jan 09, 2009
Secretary of State

Entity Name: QUALITY HOME SERVICE, INC.

Current Principal Place of Business:

6081 SILVER KING BLVD. # 505
CAPE CORAL, FL 33914

New Principal Place of Business:

11256 BIENVENIDA WAY # 101
FORT MYERS, FL 33908

Current Mailing Address:

6081 SILVER KING BLVD. # 505
CAPE CORAL, FL 33914

New Mailing Address:

11256 BIENVENIDA WAY # 101
FORT MYERS, FL 33908

FEI Number: 65-1125313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FROMM, HARALD
6081 SILVER KING BLVD. # 505
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

FROMM, HARALD
11256 BIENVENIDA WAY # 101
FORT MYERS, FL 33908 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: _____

01/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: FROMM, HARALD
Address: 6081 SILVER KING BLVD. # 505
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: FROMM, HARALD
Address: 11256 BIENVENIDA WAY # 101
City-St-Zip: FORT MYERS, FL 33908

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: HARALD FROMM

PS

01/09/2009

Electronic Signature of Signing Officer or Director

Date