

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90089 028 \*\*\*158.75

<b>DOCUMENT # P02000043161</b> 1. Entity Name <b>QUALITY BUSINESS SUPPORT, INC.</b>					
Principal Place of Business <b>6587 BLVD OF CHAMPIONS NORTH LAUDERDALE, FL 33068</b>			Mailing Address <b>6587 BLVD OF CHAMPIONS NORTH LAUDERDALE, FL 33068</b>		
2. Principal Place of Business - No P.O. Box # <i>Old</i> <b>201-211 E. Commercial</b>		3. Mailing Address <b>13966 155th Place N</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Fort land Florida</b>		City & State <b>Jupiter FL</b>		4. FEI Number <b>04-3651770</b>	
Zip <b>33334</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33334</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DRUMMOND, LETITIA 6587 BLVD OF CHAMPIONS NORTH LAUDERDALE, FL 33068</b>				7. Name and Address of New Registered Agent Name <b>LETITIA DRUMMOND</b> Street Address (P.O. Box Number is Not Acceptable) <b>13966 155th Place North</b> City <b>Jupiter</b> <b>FL</b> Zip Code <b>33478</b>	
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 <u><i>Letitia Drummond</i></u> <u><i>Letitia Drummond</i></u> <u><i>4/12/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DRUMMOND, LETITIA 6587 BLVD OF CHAMPIONS NORTH LAUDERDALE, FL 33068</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DRUMMOND, RONALD 6587 BLVD OF CHAMPIONS NORTH LAUDERDALE, FL 33068</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Letitia Drummond</i></u> <u><i>Letitia Drummond</i></u> <u><i>4/12/07</i></u> <u><i>954 772 6790</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					