


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90116 044 ***150.00

DOCUMENT # P02000100653		
1. Entity Name S & R QUALITY SERVICES, INC.		

Principal Place of Business 573 SABAL LAKE DR SUITE 201 LONGWOOD, FL 32779	Mailing Address 573 SABAL LAKE DR SUITE 201 LONGWOOD, FL 32779
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60012431

2. Principal Place of Business - No P.O. Box # <i>2794 Rustic Oak Place</i>	3. Mailing Address <i>2794 Rustic Oak Place</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Oviedo, FL</i>	City & State <i>Oviedo, FL</i>
Zip <i>32766</i>	Country <i>Seminole</i>
Zip <i>32766</i>	Country <i>Seminole</i>



01302007 Chg-P CR2E034 (12/06)

4. FEI Number 51-0423878		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JIMENEZ, RUBEN D 620 RENAISSANCE POINT, APT. 209 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name <i>Jimenez, Ruben D.</i> Street Address (P.O. Box Number is Not Acceptable) <i>2794 Rustic Oak Place</i> City <i>Oviedo</i> FL Zip Code <i>32766</i>

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JIMENEZ, RUBEN D 573 SABAL LAKE DR SUITE 201 LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>2794 Rustic Oak Place</i> <i>Oviedo, FL 32766</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOZANO, SANTIAGO 408 GLEASON COVE SANFORD, FL 32773 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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
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
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

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 reports 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: *[Signature]* **01-31-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #