2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035389

Entity Name: QUALITY STAY 4 LESS PAY, INC.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 901 NW 8TH AVENUE SUITE C-1 GAINESVILLE, FL 32601 **New Mailing Address: Current Mailing Address:** 901 NW 8TH AVENUE SUITE C-1 GAINESVILLE, FL 32601 US FEI Number: 20-0766607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JENNINGS, THOMAS C III 711 PINELLAS STREET CLEARWATER, FL 33756 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GREEN, KYLE A Name: Name: 901 NW 8TH AVE, STE C-1 Address: Address: City-St-Zip: GAINESVILLE, FL 32601 US City-St-Zip:

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Title: () Delete Name: CHERRY, SARAH K MRS.

901 NW 8TH AVENUE SUITE C-1 Address: GAINESVILLE, FL 32601 US City-St-Zip:

Title: (X) Change () Addition Name: GREEN, KYLE A CEO

Address: 901 NW 8TH AVENUE SUITE C-1 GAINESVILLE, FL 32601 US 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: KYLE GREEN CEO 03/23/2009