


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90053 027 ***150.00

DOCUMENT # P04000100206					
1. Entity Name QUALITY FUNDING SOURCE CORP.					
Principal Place of Business 9259 VISTA DEL LAGO BOCA RATON, FL 33428			Mailing Address 9259 VISTA DEL LAGO BOCA RATON, FL 33428		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. 18G			Suite, Apt. #, etc. 18G		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent CMILEY, CAROLE 9259 VISTA DEL LAGO BOCA RATON, FL 33428				7. Name and Address of New Registered Agent Name: Smiley, Carole Street Address (P.O. Box Number is Not Acceptable): #18G City: FL Zip Code:	
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: <i>Carole Smiley</i> Carole Smiley, Secretary 3-4-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
- FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Harry Smiley</i> Harry Smiley, President 3-4-05 561-482-2076 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					