

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90053 010 \*\*\*150.00

**DOCUMENT # P04000100206**

1. Entity Name

QUALITY FUNDING SOURCE CORP.



Principal Place of Business

9259 VISTA DEL LAGO  
18G  
BOCA RATON FL 33428

Mailing Address

9259 VISTA DEL LAGO  
18G  
BOCA RATON FL 33428

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

186

Suite, Apt. #, etc.

186

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number 11-3723565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMILEY, CAROLE  
9259 VISTA DEL LAGO  
18G  
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

SMILEY, CAROLE

Street Address (P.O. Box Number is Not Acceptable)

186

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

CAROLE SMILEY, Secretary 4/6/07

**FILE NOW!!! FEE IS \$150.00;**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P  
NAME: SMILEY, HARRY  
STREET ADDRESS: 9259 VISTA DEL LAGO #18G  
CITY- ST- ZIP: BOCA RATON FL 33428 ☐ Delete

TITLE: S  
NAME: SMILEY, CAROL  
STREET ADDRESS: 9259 VISTA DEL LAGO #18G  
CITY- ST- ZIP: BOCA RATON FL 33428 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY- ST- ZIP: ☐ Delete

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TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY- ST- ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President  
NAME: HARRY SMILEY  
STREET ADDRESS: 9259 VISTA DEL LAGO 18G  
CITY- ST- ZIP: BOCA RATON, FL 33428 ☐ Change ☐ Addition

TITLE: Secretary  
NAME: CAROLE SMILEY  
STREET ADDRESS: 9259 VISTA DEL LAGO 18G  
CITY- ST- ZIP: BOCA RATON FL 33428 ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY- ST- ZIP: ☐ Change ☐ Addition

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NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY- ST- ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Harry Smiley, President 4/6/07

561-462-2076