2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115691

Entity Name: QUALITY SERVICE & INVESTMENT, INC

FILED May 01, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
505 MACAW LANE				14003 ISLAND BAY DR 203			
FERN PARK, FL 32730 US			ORLANDO,	, FL 32828	US		
Current Mailing Address:				New Mailing Address:			
505 MACAW LANE			14003 ISLAND BAY DR 203				
	RN PARK, FL 32730 US			ORLANDO, FL 32828 US		US	
FEI Number: 68-0604900 FEI Number Applied For () FEI N		FEI Num	mber Not Applicable ()		Certificate of Status Desired ()		
Name and Address of Current Registered Agent: N					Name and Address of New Registered Agent:		
CADAGAN BUSINESS SOLUTIONS & ASSOCIATES 5440 STATE ROAD 7 221 FORT LAUDERDALE, FL 33319 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		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:							
OFFICERS AND DIRECTORS:							
Title: Name: Address: City-St-Zip:	P () D MEDINA, YECID 505 MACAW LAN FERN PARK, FL	E#9		Title: Name: Address: City-St-Zip:	P (X) MEDINA, YECID 14003 ISLAND B ORLANDO, FL	BAY DR # 203	
Title: Name: Address: City-St-Zip:	VP () D ARMENTA, MARG 505 MACAW LAN FERN PARK, FL	SARITA E # 9		Title: Name: Address: City-St-Zip:	VP (X) ARMENTA, MAR 14003 ISLAND E ORLANDO, FL	BAY DR # 203	
Title: Name: Address: City-St-Zip:	S () D ARMENTA, MARG 505 MACAW LAN FERN PARK, FL	SARITA E#9		Title: Name: Address: City-St-Zip:	S (X) ARMENTA, MAR 14003 ISLAND E ORLANDO, FL	BAY DR # 203	
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I hereby certify that the information supplied with this filing does not qualify for the 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: YECID MEDINA P 05/01/2006