2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007
Secretary of State

DOCUMENT# P04000135013

Entity Name: QUALITY SOURCING SOLUTIONS, INC.

Current Principal Place of Business:

4213 FALLWOOD CIRCLE
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

4213 FALLWOOD CIRCLE
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 14-1915656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STUART, E A
4213 FALLWOOD CIRCLE
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: STUART, EDWARD A
Address: 4213 FALLWOOD CIRCLE
City-St-Zip: ORLANDO, FL 32812

Title: V ( ) Delete
Name: STUART, ELIZABETH A
Address: 4213 FALLWOOD CIRCLE
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete
Name: WALKER, ARNOLD
Address: 2783 CEDAR HILL ROAD
City-St-Zip: CUYAHOGA FALLS, OH 44221

Title: D ( ) Delete
Name: STUART, THOMAS A
Address: 423 BOLTON ROAD
City-St-Zip: HIGHTSTOWN, NJ 08520

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: EDWARD A. STUART P 02/12/2007

Electronic Signature of Signing Officer or Director Date