

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000016407

**FILED**  
**Apr 03, 2009**  
**Secretary of State**

**Entity Name:** QUALITY MAIDS, INC.

**Current Principal Place of Business:**

3838 SABLEWOOD DR  
HOLIDAY, FL 34691

**New Principal Place of Business:**

8053 BAYTREE DR  
NEW PORT RICHEY, FL 34653

**Current Mailing Address:**

3838 SABLEWOOD DR  
HOLIDAY, FL 34691

**New Mailing Address:**

8053 BAYTREE DR  
NEW PORT RICHEY, FL 34653

**FEI Number:** 20-2263417

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OKRASINSKA, KRYSZYNA  
3838 SABLEWOOD DR  
HOLIDAY, FL 34691 US

**Name and Address of New Registered Agent:**

OKRASINSKA, KRYSZYNA  
8053 BAYTREE DR  
NEW PORT RICHEY, FL 34653 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: KRYSZYNA OKRASINSKA

04/03/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OKRASINSKA, KRYSZYNA  
Address: 3838 SABLEWOOD DR  
City-St-Zip: HOLIDAY, FL 34691

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: OKRASINSKA, KRYSZYNA  
Address: 8053 BAYTREE DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

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: KRYSZYNA OKRASINSKA

P

04/03/2009

Electronic Signature of Signing Officer or Director

Date