

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000070411

FILED
Aug 14, 2007
Secretary of State

Entity Name: QUALITY REVIEW SERVICES INC.

Current Principal Place of Business:

3400 S. OCEAN BLVD., STE. 4B
HIGHLAND BEACH, FL 33487

New Principal Place of Business:

Current Mailing Address:

3400 S. OCEAN BLVD., STE. 4B
HIGHLAND BEACH, FL 33487

New Mailing Address:

205 COMMACK RD
SUITE 40
COMMACK, NY 11725

FEI Number: 20-2974648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERMAN, DEBORAH
3400 S. OCEAN BLVD., STE. 4B
HIGHLAND BEACH, FL 33487 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

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:

Title: 3PDC () Delete
Name: SHERMAN, DEBORAH
Address: C/O 205 COMMACK RD 40
City-St-Zip: COMMACK, NY 11725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS (X) Change () Addition
Name: SHERMAN, DEBORAH
Address: 205 COMMACK RD 40
City-St-Zip: COMMACK, NY 11725

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: DEB SHERMAN

PRES

08/14/2007

Electronic Signature of Signing Officer or Director

_____ Date