





# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90129 016 \*\*\*150.00

<b>DOCUMENT # P05000102441</b> 1. Entity Name <b>NR QUALITY SERVICES CORP</b>					
Principal Place of Business <b>215 SE 3RD AVENUE SUITE 402 A HALLANDALE BEACH, FL 33009</b>				Mailing Address <b>215 SE 3RD AVENUE SUITE 402 A HALLANDALE BEACH, FL 33009</b>	
2. Principal Place of Business <b>4292 SW Paley Rd</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>4292 SW Paley Rd</b> <small>Suite, Apt. #, etc.</small>		<div style="font-size: 24px; transform: rotate(-15deg);">40048111</div> 	
City & State <b>Port St Lucie FL</b> <small>Zip</small> <b>34953</b> <small>Country</small> <b>ST Lucie</b>		City & State <b>Port St Lucie FL</b> <small>Zip</small> <b>34953</b> <small>Country</small> <b>ST Lucie</b>		4. FEI Number <b>20-3242926</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ROUSSEL, NELSON 215 SE 3RD AVENUE SUITE 402 A HALLANDALE BEACH, FL 33009</b>				7. Name and Address of New Registered Agent Name <b>NELSON ROUSSEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>4292 SW Paley Road</b> City <b>Port St Lucie</b> <b>FL</b> <small>Zip Code</small> <b>34953</b>	
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  <span style="float: right;">DATE <b>04-04-06</b></span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP ROUSSEL, NELSON 215 SE 3RD AVENUE, SUITE 402 A HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4292 SW. Paley Rd Port St Lucie, FL 34953</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Date <b>04-04-06</b> Daytime Phone # <b>954 914 0066</b>		