2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006
Secretary of State

DOCUMENT# P05000108813

Entity Name: QUALITY INSURANCE GROUP, INC.

Current Principal Place of Business:

6261 WEST ATLANTIC BLVD, SUITE 106
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

6261 WEST ATLANTIC BLVD, SUITE 106
MARGATE, FL 33063

New Mailing Address:

FEI Number: 20-3266584 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: DPT ( ) Delete
Name: ISOLDI, KATHLEEN M
Address: 6261 WEST ATLANTIC BLVD STE 106
City-St-Zip: MARGATE, FL 33063

Title: VP ( ) Delete
Name: JOBBITT, JAMES
Address: 6261 WEST ATLANTIC BLVD STE 106
City-St-Zip: MARGATE, FL 33063

Title: S ( ) Delete
Name: AMODEO, JOHN FRANK
Address: 10301 SW 1ST CT
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: AMODEO, JOHN FRANK
Address: 6261 WEST ATLANTIC BLVD STE 106
City-St-Zip: MARGATE, FL 33063

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: KATHLEEN ISOLDI DPT 01/31/2006

Electronic Signature of Signing Officer or Director — Date