2006 FOR PROFIT CORPORATION **ANNUAL REPORT** 04-18-2006 90076 012 ***150.00 **DOCUMENT # P05000128599** 1. Entity Name QUALITY ENVIRONMENTAL SERVICES, INC. 40052665 Principal Place of Business Mailing Address 3813 SOUTHVIEW DRIVE 3813 SOUTHVIEW DRIVE BRANDON, FL 33511-7827 BRANDON, FL 33511-7827 2. Principal Place of Business 3. Mailing Address

FILED Apr 18, 2006 8:00 am Secretary of State

Suite, Apt.	#, etc.		Suite, Apt. #, etc.			04012006	Chg-P	CR2E	034 (11/05)			
City & State			City & State	City & State			4. FEI Numbe	O4-3826	5016		oplied For	
Zip Country			Zip	ip Country			5. Certificate	of Status Desired		\$8:75 Add	ditional	
	6. Name	and Address of Current R	egistered Agent	ed Agent			7. Name and Address of New Registered Agent					
						Name						
WHALEN, TINA Y 3813 SOUTHVIEW DRIVE BRANDON, FL 33511-7827						Street Address (P.O. Box Number is Not Acceptable)						
					City				FI	Zip Cod	le	
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												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees												
10.	OFFICERS AND DIRECTORS						ADDITIONS/	CHANGES TO OFF	FICERS AN	ID DIRECTOR	S IN 11	
TITLE	D		☐ Defete	TITL	E					Change	☐ Addition	
NAME	WHALEN	, TINA Y		NAM	AE .					_ •	_	
STREET ADDRESS	3813 SOL	JTHVIEW DRIVE		STR	EET ADORESS							
CITY-ST-ZIP	BRANDO	N, FL 335117827		CITY	/-ST-ZIP							
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NAME	MOYER, I	DAVID		NAM	-					onange		
STREET ADDRESS	3813 SOL	JTHVIEW DRIVE		STR	EET ADDRESS							
CITY-ST-ZIP	BRANDO	N, FL 335117827		CITY-ST-ZIP								
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STREET ADDRESS CITY-ST-ZIP					EET ADDRESS (-St-Zip							
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TITLE			☐ Delete	TITL	.E					Change	☐ Addition	
NAME				NAM	AE							
STREET ADDRESS				STR	EET ADDRESS							
CITY-ST-ZIP				CITY	/-ST-ZIP							
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.												

and class of miss report of supplemental report is find and accurate and that my signature shall have the same legal effect as it 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: