


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90176 046 \*\*\*150.00

<b>DOCUMENT # P05000167048</b>	
1. Entity Name <b>QUALITY ELECTRICAL SYSTEMS CORP</b>	

Principal Place of Business <b>3773 CENTRAL AVENUE SUITE A974 ST PETERSBURG, FL 33713 US</b>	Mailing Address <b>3773 CENTRAL AVENUE SUITE A974 ST PETERSBURG, FL 33713 US</b>
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2. Principal Place of Business - No P.O. Box # <b>8950 DR MLK ST NORTH</b>	3. Mailing Address <b>PO BOX 55368</b>
Suite, Apt. #, etc. <b>Suite 130</b>	Suite, Apt. #, etc.

City & State <b>ST PETERSBURG FL</b>	City & State <b>ST PETERSBURG FL</b>
Zip <b>33702</b>	Country <b>USA</b>
Zip <b>33732</b>	Country <b>USA</b>

**40059979**



03282007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-4087601</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>WINEBRENNER, JACK M 3773 CENTRAL AVENUE ST PETERSBURG, FL 33713</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8950 Dr Martin Luther King St North</b> Suite #130 City <b>St Petersburg</b> <b>FL</b> Zip Code <b>33702</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENGLE, WILLIAM L 9745 109TH AVENUE LARGO, FL 33773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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:** William L. Engle **William Engle** **4/9/07** **727/327-1202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #