

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000021589

FILED
Apr 17, 2007
Secretary of State

Entity Name: QUALITY HOME THEATER SYSTEMS, INC.

Current Principal Place of Business:

5000 HIGHWAY 17, SUITE 18, #279
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

5000 HIGHWAY 17, SUITE 18, #279
ORANGE PARK, FL 32003

New Mailing Address:

FEI Number: 43-2100718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKOS, KIMBERLY SANI
1492 LAUREL OAK DRIVE
ORANGE PARK, FL 32003 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: PD () Delete
Name: GUARINO, RICHARD A
Address: 867 CAMP FRANCIS JOHNSON RD
City-St-Zip: ORANGE PARK, FL 32065

Title: VPD () Delete
Name: MIKOS, KENNETH R JR
Address: 1492 LAUREL OAK DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: SD () Delete
Name: GUARINO, KELLY MARIE
Address: 867 CAMP FRANCIS JOHNSON RD
City-St-Zip: ORANGE PARK, FL 32065

Title: TD () Delete
Name: MIKOS, KIMBERLY SANI
Address: 1492 LAUREL OAK DRIVE
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: KIMBERLY SANI MIKOS

TD

04/17/2007

Electronic Signature of Signing Officer or Director

_____ Date