2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P06000051727

Entity Name: QUALITY CARE STAFFING, INC

Current Principal Place of Business:

7239 REX HILL TRAIL
ORLANDO, FL 32818

New Principal Place of Business:

6849 W. COLONIAL DR.
SUITE 4
ORLANDO, FL 32818

Current Mailing Address:

7239 REX HILL TRAIL
ORLANDO, FL 32818

New Mailing Address:

6849 W. COLONIAL DR.
SUITE 4
ORLANDO, FL 32818

FEI Number: 84-1708417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DORVAL, SANDRA V
7239 REX HILL TRAIL
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

DORVAL, SANDRA V
6849 W. COLONIAL DR.
SUITE 4
ORLANDO, FL 32818 US

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: SANDRA DORVAL 04/26/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DORVAL, SANDRA V
Address: 7239 REX HILL TRAIL
City-St-Zip: ORLANDO, FL 32818

Title: VP ( ) Delete
Name: DESRONVIL, MYRTHA V
Address: 7239 REX HILL TRAIL
City-St-Zip: ORLANDO, FL 32818

Title: VP ( ) Delete
Name: VENORD, CLEDOR
Address: 7239 REX HILL TRAIL
City-St-Zip: ORLANDO, FL 32818

Title: VP (X) Delete
Name: DORVAL, CALEB
Address: 7239 REX HILL TRAIL
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: DORVAL, SANDRA V
Address: 6849 W. COLONIAL DR. , SUITE 4
City-St-Zip: ORLANDO, FL 32818

Title: D (X) Change ( ) Addition
Name: DESRONVIL, MYRTHA V
Address: 6849 W. COLONIAL DR. SUITE 4
City-St-Zip: ORLANDO, FL 32818

Title: T (X) Change ( ) Addition
Name: VENORD, CLEDOR
Address: 6849 W. COLONIAL DR. SUITE 4
City-St-Zip: ORLANDO, FL 32818

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: SANDRA DORVAL P 04/26/2007
Electronic Signature of Signing Officer or Director Date