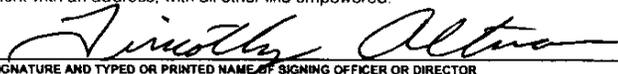


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90281 011 \*\*\*150.00

<b>DOCUMENT # P06000053088</b>			
1. Entity Name <b>QUEST CLEANING SOLUTIONS, INC.</b>			
Principal Place of Business <b>205 SOUTHWEST DUSTY GLEN LAKE CITY, FL 32024</b>		Mailing Address <b>205 SOUTHWEST DUSTY GLEN LAKE CITY, FL 32024</b>	
2. Principal Place of Business - No P.O. Box # <b>19205 CR 49</b>		3. Mailing Address <b>19205 CR 49</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>O'Brien, FL</b>		City & State <b>O'Brien FL</b>	
Zip <b>32071</b>	Country	Zip <b>32071</b>	Country
4. FEI Number <b>05-1274344</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>SIMPSON, STACY L 205 SOUTHWEST DUSTY GLEN LAKE CITY, FL 32024</b>		Name <b>Timothy Altman</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>489 NW Spring Hollow Blvd.</b>	
		City <b>Lake City</b>	FL Zip Code <b>32055</b>
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 		DATE <b>4/20/07</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<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	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SIMPSON, STACY L 205 SOUTHWEST DUSTY GLEN LAKE CITY, FL 32024</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Timothy Altman 489 NW Spring Hollow Blvd. Lake City, FL 32055</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST Sonya Altman 489 NW Spring Hollow Blvd. Lake City, FL 32055</b> <input type="checkbox"/> Change <input checked="" 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
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
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: 		DATE: <b>4/20/07</b> (386) 963-2842	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

40078366



04162007 Chg-P CR2E034 (12/06)