2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000053138

Entity Name: QUALITY COUNTS STUCCO INC.

FILED Jun 02, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	: 105TH TERR RFIELD, FL 34				
Current Mailing Address:			New Mailing Address:		
	: 105TH TERR RFIELD, FL 34				
FEI Numbe	r: 65-1274371	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
15910 SE	DELLO, AARO : 105TH TERR RFIELD, FL 34				
The above		submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
The above in the Stat	te of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
The above	te of Florida. JRE:			red office or registered agent, or both, Date	
The above in the Stat SIGNATU In accorda	te of Florida. JRE: Electro nce with s. 607.1	submits this statement for the prince Signature of Registered Agrey (2)(b), F.S., the corporation did not grow that the corporation (1).	ent		
The above in the State SIGNATU In accordate Election Ca	te of Florida. JRE: Electro nce with s. 607.1	onic Signature of Registered Ag 93(2)(b), F.S., the corporation did no ng Trust Fund Contribution ().	ent ot receive the prior notice.		
The above in the State SIGNATU In accordant Election Carofficer Title: Name: Address:	te of Florida. JRE: Electro nce with s. 607.1 ampaign Financia RS AND DIREC PRES (LICCIARDELL 15910 SE 105	onic Signature of Registered Ag 93(2)(b), F.S., the corporation did no ng Trust Fund Contribution (). CTORS:) Delete .O, AARON J	ent ot receive the prior notice.	Date	
The above in the State SIGNATU In accordate Election Ca	te of Florida. JRE: Electronce with s. 607.1 ampaign Financia S AND DIRECT PRES (LICCIARDELL 15910 SE 105 SUMMERFIEL	onic Signature of Registered Ag 93(2)(b), F.S., the corporation did no ng Trust Fund Contribution (). CTORS:) Delete .O, AARON J	ent ot receive the prior notice. ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: VICE Name: LICCIARI Address: 1202 SE	Date GES TO OFFICERS AND DIRECTOR	

I hereby certify that the information supplied with this filing does not qualify 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: AARON J. LICCIARDELLO PRES 06/02/2009