

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000074987

Entity Name: QUALITY REPAIRS USA, INC.

FILED
Apr 19, 2007
Secretary of State

Current Principal Place of Business:

3501 WEST VINE STREET
SUITE 353
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

3501 WEST VINE STREET
SUITE 353
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, ROBERT S
441 W. VINE STREET
KISSIMMEE, FL 34741 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: PTD () Delete
Name: STRANTON, DAVID
Address: 3501 WEST VINE STREET, SUITE 353
City-St-Zip: KISSIMMEE, FL 34741

Title: S () Delete
Name: MASTRANTONI, LORI
Address: 3501 WEST VINE STREET, SUITE 353
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: STRATTON, DAVID
Address: 3501 WEST VINE STREET, SUITE 353
City-St-Zip: KISSIMMEE, FL 34741

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: LORI MASTRANTONI

S

04/19/2007

Electronic Signature of Signing Officer or Director

Date