

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000087759

FILED  
Jan 29, 2007  
Secretary of State

Entity Name: QUALITY CARE INSTALLATIONS, INC.

## Current Principal Place of Business:

P.O. BOX 270363  
TAMPA, FL 33688-036 US

## New Principal Place of Business:

5810 BLACK WALNUT COURT  
TAMPA, FL 33625 US

## Current Mailing Address:

P.O. BOX 270363  
TAMPA, FL 33688-036 US

## New Mailing Address:

FEI Number: 20-5132525      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITTY SMITH & ASSOCIATES, INC.  
3802 EHRLICH ROAD  
SUITE 210  
TAMPA, FL 33624 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: PS ( ) Delete  
Name: STAPLTON, MARK  
Address: P.O. BOX 270363  
City-St-Zip: TAMPA, FL 33688 US

Title: VP ( ) Delete  
Name: BODACK, JOHN  
Address: 3401 N LAKEVIEW DR #101  
City-St-Zip: TAMPA, FL 33618

Title: T ( ) Delete  
Name: CLIMACO, GUSTAVO  
Address: 824 S ORANGE AVE  
City-St-Zip: FORT MEADE, FL 33841 US

## 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:

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: MARK STAPLTON

PRES

01/29/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date