2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2007
Secretary of State

DOCUMENT# P06000118093

Entity Name: SERVICE QUALITY SOLUTIONS, INC.

Current Principal Place of Business:

815 BRAYTON LANE
DAVENPORT, FL 33897 US

New Principal Place of Business:

10665 WHITMAN CIRCLE
ORLANDO, FL 32821 US

Current Mailing Address:

815 BRAYTON LANE
DAVENPORT, FL 33897 US

New Mailing Address:

10665 WHITMAN CIRCLE
ORLANDO, FL 32821 US

FEI Number: 20-5551394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLISON, PAMELA L
815 BRAYTON LANE
DAVENPORT, FL 33897 US

Name and Address of New Registered Agent:

ALLISON, PAMELA L
10665 WHITMAN CIRCLE
ORLANDO, FL 32821 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: PAMELA ALLISON 08/24/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: ALLISON, PAMELA
Address: 815 BRAYTON LANE
City-St-Zip: DAVENPORT, FL 33897 US

Title: VP ( ) Delete
Name: BUCKALEW, DAVID
Address: PO BOX 141308
City-St-Zip: ORLANDO, FL 328141308 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: ALLISON, PAMELA
Address: 10665 WHITMAN CIRCLE
City-St-Zip: ORLANDO, FL 32821 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PAMELA ALLISON VP 08/24/2007
Electronic Signature of Signing Officer or Director Date