2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000120019

Address:

City-St-Zip:

2550 CROSSROADS PKWY

FT. PIERCE, FL 34945 US

Entity Name: QUALITY ADJUSTING SERVICE INC.

FILED Jul 02, 2007 Secretary of State

| y | | ABOOTHIO CERTICE, IIVO. | | | |
|--|---|---|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| | SSROADS PK E, FL 34945 | WY US | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | SSROADS PK E, FL 34945 | WY US | | | |
| FEI Number | : 20-5906460 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| 2550 CRO FT. PIERC The above in the State | e of Florida. | US | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATU | | in Circumstance of Desciotance Ass | | Data | |
| | ce with s. 607.19 | nic Signature of Registered Ago 3(2)(b), F.S., the corporation did no g Trust Fund Contribution (). | | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P/D () ADAMS, JEAN 2550 CROSSR FT. PIERCE, FI | OADS PWKY | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | T/S () ADAMS, JEAN 2550 CROSSR FT. PIERCE, FI | OADS PWKY | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | VP/D () ADAMS, KENNI | Delete ETH J | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: KENNETH J. ADAMS VP 07/02/2007