2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2007 8:00 am Secretary of State

DOCUMENT # P06000144254 1. Entity Name QUALITY BOOKKEEPING PLUS, INC.)4-12-2007 90	0042 045 ***	'15 0.0	O
Principal Place of Business 419 SHADOW WOOD LN CORAL SPRINGS, FL 33071		Mailing Address 419 SHADOW WOOD LN CORAL SPRINGS, FL 33071			3 • ·				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04102007	Chg-P	CR2E034 (1	2/06)		
City & State		City & State		4. FEI Number	3-211698	5	No	plied For t Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of	Status Desired	□ \$8.7 Fee F	75 Add Required	itional I
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New R	egistered Agent	1	
AUCONE,	GERALDINE			Name					
419 SHADOW WOOD LN CORAL SPRINGS, RL 33071			Street Address (P.O. Box Number is Not Acceptable)						
į				City			- 17	ip Code	
The above named entity submits this statement for the purpose of changing its registreast.				<u> </u>			<u>ru</u>	<u> </u>	
	named entity submits this statement ti tions of registered agent.	or the purpose of changing its	registere	ed office or registe	ered agent, or both,	in the State of Fig	rida. I am famili	er with,	and accept
SIGNATURE	Signature, typed or printed name of registered agen	t and little if applicable. (NCTI	E: Registere	d Agent signature require	ed when reinstating)	··· ·	DATE		 -
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Cont		noing \$5	5.00 May Se ded to Fees	······································			
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFFI			
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14. I release census trait the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANGUAGO QUEUNO President Geraldine Aucone 40-07 954685-0/93

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR