## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P06000157110

FILED Jun 07, 2007 Secretary of State

Entity Name: QUALITY MANAGEMENT AND CONSULTING INC. **Current Principal Place of Business: New Principal Place of Business:** 52 RILEY RD 124 CELEBRATION, FL 34747 **New Mailing Address: Current Mailing Address:** 52 RILEY RD CELEBRATION, FL 34747 FEI Number: 20-8108633 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARAY, MINETTA VERKENNES, TODD A 231 RUBY AVE 157 BRIDGEWATER DRIVE DAVENPORT, FL 33897 SUITE A KISSIMMEE, FL 34741 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: TODD A. VERKENNES 06/07/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition VERKENNES, TODD A Name: Name: 157 BRIDGEWATER DR. Address: Address: City-St-Zip: DAVENPORT, FL 33897 US City-St-Zip: Title: VΡ (X) Delete Title: () Change () Addition Name: GARAY, MINETTA Name: PO BOX 423412 Address: Address: KISSIMMEE, FL 34741 US City-St-Zip: 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: TODD A. VERKENNES P 06/07/2007