## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000092511

FILED Jun 03, 2009 Secretary of State

| Entity Nam  | e: QUALITY  | ONE LOAN PROCESSING, IN   | C.   |  |  |
|---|---|---|--|--|--|
| Current Principal Place of Business:  |   |   | New Principal Place                                      | New Principal Place of Business:             |  |
| 5212 TWIN<br>VALRICO, F   | CREEKS DRI <sup>N</sup><br>FL 33569                           | VE  |  |  |  |
| Current Mailing Address:  |   |   | New Mailing Addres                                       | New Mailing Address:                         |  |
| 5212 TWIN<br>VALRICO, F   | CREEKS DRI<br>FL 33569  | VE  |  |  |  |
| FEI Number: 5   | 59-3519971  | FEI Number Applied For ( )  | FEI Number Not Applicable ( )                            | Certificate of Status Desired (X)            |  |
| Name and Address of Current Registered Agent:                                       |   |   | Name and Address of                                      | Name and Address of New Registered Agent:    |  |
| WARREN, ACCOUNTANT, TOM<br>202 SOUTH 22ND STREET<br>SUITE 214<br>TAMPA, FL 33605 US |   |   | JAMES, MAXWELL<br>1515 CITRUS ORCHA<br>VALRICO, FL 33594 | 1515 CÍTRUS ORCHARD WAY                      |  |
| The above r   |   | ubmits this statement for the pu                                      | rpose of changing its registere                          | d office or registered agent, or both,       |  |
| SIGNATURE: JAMES MAXWELL  |   |   |  | 06/03/2009                                   |  |
|   | Electroni   | c Signature of Registered Ager  | nt   | Date   |  |
|   |   | (2)(b), F.S., the corporation did not<br>Trust Fund Contribution ( ). | receive the prior notice.                                |  |  |
| OFFICERS AND DIRECTORS:   |   |   | ADDITIONS/CHANG  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PTD () I<br>MAXWELL, DYA<br>5212 TWIN CRE<br>VALRICO, FL 33   | EKS DRIVE   | Title:<br>Name:<br>Address:<br>City-St-Zip:              | ( ) Change ( ) Addition                      |  |
| Name:<br>Address:   | VPSD () I<br>ROCHELLE, DAV<br>5212 TWIN CRE<br>VALRICO, FL 33 | EKS DRIVE   | Title:<br>Name:<br>Address:<br>City-St-Zip:              | ( ) 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.

SIGNATURE: DYANA MAXWELL PTD 06/03/2009