2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2009
Secretary of State

DOCUMENT# P08000031229

Entity Name: PROCESS ENGINEERING AND QUALITY MANAGEMENT SOLUTIONS, INCORPORATED

Current Principal Place of Business:

229 KETTERING ROAD
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

229 KETTERING ROAD
DELTONA, FL 32725

New Mailing Address:

FEI Number: 26-2281882 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, LASHALONDA D
229 KETTERING ROAD
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

JENKINS, SABRINA R
474 NORTH PINE MEADOW DRIVE
DEBARY, FL 32713 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: SABRINA R. JENKINS 05/13/2009
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: P ( ) Delete
Name: ROBINSON, LASHALONDA D
Address: 229 KETTERING ROAD
City-St-Zip: DELTONA, FL 32725 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition
Name: ROBINSON, LASHALONDA D
Address: 229 KETTERING ROAD
City-St-Zip: DELTONA, FL 32725 US

Title: S ( ) Change (X) Addition
Name: ROBINSON, LASHALONDA D
Address: 229 KETTERING ROAD
City-St-Zip: DELTONA, FL 32725

Title: T ( ) Change (X) Addition
Name: ROBINSON, LASHALONDA D
Address: 229 KETTERING ROAD
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Change (X) Addition
Name: ROBINSON, LASHALONDA D
Address: 229 KETTERING ROAD
City-St-Zip: DELTONA, FL 32725

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: LASHALONDA D. ROBINSON D 05/13/2009
Electronic Signature of Signing Officer or Director Date