2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000034357

Entity Name: QUALITY STAFFING ASSOCIATES, INC

FILED Mar 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8105 RIVER COUNTRY DR SPRING HILL, FL 34607 US

Current Mailing Address: New Mailing Address:

8105 RIVER COUNTRY DR SPRING HILL, FL 34607 US

FEI Number: 26-2335471 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

MORELAND, KATHLEEN R OWNER
8105 RIVER COUNTRY DR
SPRING HILL, FL 34607 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: KATHLEEN R. MORELAND OWNER 03/12/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 MRS
 (X) Change () Addition

 Name:
 MORELAND, KATHLEEN R
 Name:
 MORELAND, KATHLEEN R OWNER/P

 Address:
 8105 RIVER COUNTRY DR
 Address:
 8105 RIVER COUNTRY DR

City-St-Zip: SPRING HILL, FL 34607 US City-St-Zip: SPRING HILL, FL 34607 US

() Delete Title: Title: (X) Change () Addition Name: MORELAND, DANIEL Name: MORELAND, DANIEL B VP 8105 RIVER COUNTRY DR 8105 RIVER COUNTRY DR Address: Address: SPRING HILL, FL 34607 US City-St-Zip: City-St-Zip: SPRING HILL, FL 34607 US

Title: () Delete Title: MR () Change (X) Addition

 Name:
 Name:
 D'ADDEO, PAUL M SEC

 Address:
 Address:
 2122 SHANNON DR

 City-St-Zip:
 City-St-Zip:
 HOLIDAY, FL 34690 US

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: KATHLEEN R. MORELAND P 03/12/2009