


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90101 017 ***150.00

DOCUMENT # P93000051700 1. Entity Name QUALITY MANAGEMENT & SERVICES, INC.	
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Principal Place of Business 1761 W HILLSBORO BLVD SUITE 326 326 DEERFIELD BEACH, FL 33442 US	Mailing Address 1761 W HILLSBORO BLVD SUITE 326 326 DEERFIELD BEACH, FL 33442 US
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0427929	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent POKRAJAC, FRED QUALITY MANAGEMENT, INC. 1761 W. HILLSBORO BLVD., SUITE 326 326 DEERFIELD BEACH, FL 33442	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIR, KEVIN 841 NW 47 ST POMPAHO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POKRAJAC, FRED 801 NW 47 ST POMPAHO BEACH, FL 33064
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:  **FRED POKRAJAC** 3/2/06 954-427-0707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #