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Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90224 037 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000043142

1. Entity Name
QUALITY AFFORDABLE CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
~~1158 S.E. MONTEREY RD.~~ ~~STUART, FL 34994~~	~~1158 S.E. MONTEREY RD.~~ ~~STUART, FL 34994~~
8053 - S. INDIAN River Dr Ft. Pierce Fla. 34982	

04162007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0585078 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHERLOCK, VIRGINIA P 618 EAST OCEAN BOULEVARD SUITE 5 STUART, FL 34994	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FINLEY, LISA	NAME	
STREET ADDRESS	~~1158 SE MONTEREY RD~~ 8053, S. INDIAN River Dr.	STREET ADDRESS	
CITY-ST-ZIP	~~STUART, FL 34994~~ Ft. Pierce Fla. 34982	CITY-ST-ZIP	
TITLE	VSTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	~~FINLEY, RANDY~~ RANDY Finley	NAME	
STREET ADDRESS	~~1158 SE MONTEREY RD.~~ 8053 S. INDIAN River Dr Fort Pierce	STREET ADDRESS	
CITY-ST-ZIP	~~STUART, FL 34994~~ Fla. 34982	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: ______________________ 4-17-07 772-201-4938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING ~~OFFICER OR DIRECTOR~~ Date Daytime Phone #