2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 24, 2008 08:00 A Secretary of State DOCUMENT # P97000063009 G.E.M. QUALITY DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 917 GONDOLIER BLVD 917 GONDOLIER BLVD GULF BREEZE, FL 32561 GULF BREEZE, FL 32561 01042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FELNumber 59-3462150 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EMERSON, MARSHAL H DO NOT WRITE 917 GONDOLIER BLVD GULF BREEZE, FL 32561 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 960000867089 OFFICERS AND DIRECTORS 10. 04/08/08-80056-005 150.00 TITLE NAME EMERSON, MARSHAL H STREET ADORESS 917 GONDOLIER BLVD CITY ST-ZIP GULF BREEZE, FL 32561 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED