


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/2.

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-02-2007 90094 037 ***158.75

DOCUMENT # P98000000689	
1. Entity Name QUALITY ASSURED MANAGEMENT, INC.	

Principal Place of Business 3900 GALT OCEAN DRIVE 1816 FT. LAUDERDALE, FL 33308	Mailing Address 3900 GALT OCEAN DRIVE 1816 FT. LAUDERDALE, FL 33308
---	---

66009359



03062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0804096	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HICKMAN, MICHAEL 3900 GALT OCEAN DRIVE 1816 FT. LAUDERDALE, FL 33308
--

**DO NOT WRITE
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 Michael Hickman 3-14-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agents signature required when relinquishing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$850.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SPD HICKMAN, MICHAEL 3900 GALT OCEAN DRIVE FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: Michael Hickman Pres 3-14-07 954-564-7535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #