2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P98000008322

Entity Name: QUALITY PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

1409 KINGSLEY AVE
BLDG 2
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2426
ORANGE PARK, FL 32067

New Mailing Address:

FEI Number: 59-3488477 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUYRES, DAVID J
1409 KINGSLEY AVE.
BLG. 2
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: MUYRES, DAVID J
Address: 2412 STOCKTON DR
City-St-Zip: GREEN COVE, FL 32043

Title: D ( ) Delete
Name: VANWINKEL, ROBERT
Address: 13765 HARBOR CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MUYRES, DAVID J
Address: 2412 STOCKTON DR
City-St-Zip: FLEMING ISLAND, FL 32003

Title: T (X) Change ( ) Addition
Name: VANWINKEL, ROBERT
Address: 13765 HARBOR CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: S ( ) Change (X) Addition
Name: GLOVER, JOHN C
Address: 1960 MORNIGSIDE STREET
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Change (X) Addition
Name: HOWELL, WILLIAM R
Address: 4545 ORTEGA BLVD
City-St-Zip: JACKSONVILLE, FL 32210

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: DAVID MUYRES P 04/22/2009

Electronic Signature of Signing Officer or Director — Date