2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# P99000009381

Entity Name: QUALITY HOME SYSTEMS INC.

Current Principal Place of Business:

17377 ORIOLE RD
FORT MYERS, FL 33967

New Principal Place of Business:

Current Mailing Address:

PO BOX 07411
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0884248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASSANO, PAMELA K
17377 ORIOLE RD
FORT MYERS, FL 33967 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: V ( ) Delete
Name: CASSANO, JAMES JR.
Address: 764 ARUNDEL CIRCLE
City-St-Zip: FORT MYERS, FL 33913

Title: ST ( ) Delete
Name: CASSANO, JAMES W
Address: 17377 ORIOLE ROAD
City-St-Zip: FORT MYERS, FL 33967

Title: PRES ( ) Delete
Name: CASSANO, PAMELA K
Address: 17377 ORIOLE ROAD
City-St-Zip: FORT MYERS, FL 33967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: CASSANO, JAMES W VD
Address: 764 ARUNDEL CIRCLE
City-St-Zip: FORT MYERS, FL 33913

Title: STD (X) Change ( ) Addition
Name: CASSANO, JAMES W STD
Address: 17377 ORIOLE ROAD
City-St-Zip: FORT MYERS, FL 33967

Title: PD (X) Change ( ) Addition
Name: CASSANO, PAMELA K PD
Address: 17377 ORIOLE ROAD
City-St-Zip: FORT MYERS, FL 33967

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: JAMES W CASSANO STD 04/10/2008

Electronic Signature of Signing Officer or Director Date