

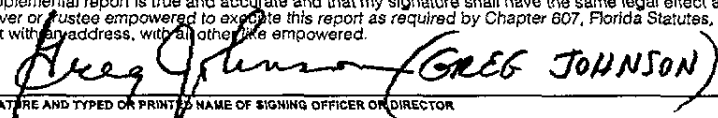


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000088407</b>			
1. Entity Name <b>QUALITY CLEANERS OF SPRINGHILL, INC.</b>			
Principal Place of Business <b>9200 NW 39TH AVE STE 102 GAINESVILLE, FL 32606</b>		Mailing Address <b>11 NE 23RD AVE. GAINESVILLE, FL 32609</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 01172006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-3611563</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>JOHNSON, GREG 5437 NW 46TH TERR GAINESVILLE, FL 32653</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	JOHNSON, GREG		
STREET ADDRESS	5437 NW 46TH TERR		
CITY-ST-ZIP	GAINESVILLE, FL 32653		
TITLE	ST		
NAME	TURNER, RICHARD W		
STREET ADDRESS	7555 NW 135TH ST.		
CITY-ST-ZIP	GAINESVILLE, FL 32653		
TITLE	V		
NAME	THOMAS, DANIEL W		
STREET ADDRESS	5233 SW 75TH TERR		
CITY-ST-ZIP	GAINESVILLE, FL 32608		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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: 		1-17-06 352 379-5600	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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01/24/06-80016-009 150.00

**DO NOT WRITE  
IN THIS SPACE**