

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Nov 02, 2009
Secretary of State**

DOCUMENT# P99000101144

Entity Name: QUALITY 1 AUTO CARE, INC.

Current Principal Place of Business:

19 HARDEE ST.
LABELLE, FL 33835

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 685
LABELLE, FL 33975

New Mailing Address:

FEI Number: 65-0961949 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BHAGWANDIN, SHARDHANAND
19 HARDEE STREET
LABELLE, FL 33935 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BHAGWANDIN, SHARDANAND
Address: 19 HARDEE STREET
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BHAGWANDIN, SHARDANAND
Address: 19 HARDEE STREET
City-St-Zip: LABELLE, FL 33935

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: SHARDANAND BHAGWANDIN

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11/02/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date