## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S04304

Entity Name: QUALITY TELEPHONE SERVICES, INC.

FILED Apr 17, 2007 Secretary of State

Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
1057 WEDGWORTH RD. P.O. BOX 35 BELLE GLADE, FL 33430				1057 WEDGWORTH RD. BELLE GLADE, FL 33430		
Current M	lailing Addres	s:	New Maili	New Mailing Address:		
1057 WEDGWORTH RD. P.O. BOX 35 BELLE GLADE, FL 33430				PO BOX 35 BELLE GLADE, FL 33430		
FEI Number	: 65-0219064	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
DEATON, JOANNE B D 1057 WEDGWORTH RD. BELLE GLADE, FL 33430 US			1057 WED	DEATON, JOANNE J D 1057 WEDGWORTH RD. BELLE GLADE, FL 33430 US		
	named entity see of Florida.	ubmits this statement for the p	urpose of changing i	ts registered of	fice or registered agent, or both,	
SIGNATU	RE: JOANNE	B DEATON		04/17/2007		
	Electron	ic Signature of Registered Age	nt		Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).				
OFFICER	S AND DIREC	rors:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D () DEATON, JOAN 1057 WEDGWO BELLE GLADE,	ORTH RD.	Title: Name: Address: City-St-Zip:	( )	Change ()Addition	
Title: Name: Address: City-St-Zip:	P () DEATON, DENN 1057 WEDGWO BELLE GLADE,	ORTH RD	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () DEATON, MICH, 27 LAKESIDE C PAHOKEE, FL	IRCLE	Title: Name: Address: City-St-Zip:	VP (X) DEATON, MICHA 2759 BACOM PO PAHOKEE, FL 3	DINT RD	
Title:	ST ()	Delete	Title:	( )	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOANNE B DEATON D 04/17/2007

DEATON, JOANNE B ST

1057 WEDGWORTH RD

BELLE GLADE, FL 33430

Name:

Address:

City-St-Zip: