

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000004051

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** QMS INFORMATION TECHNOLOGIES, INC.

**Current Principal Place of Business:**

11325 SW OLMSTEAD DR  
PORT ST LUCIE, FL 34987

**New Principal Place of Business:**

**Current Mailing Address:**

10380 SW VILLAGE CENTER DR  
PMB 101  
TRADITION, FL 34987

**New Mailing Address:**

**FEI Number:** 88-0381660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MERWIN, OLIVER J  
11325 SW OLMSTEAD DR  
PORT ST LUCIE, FL 34987 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: PD  
Name: MERWIN, CARMEN O  
Address: 11325 SW OLMSTEAD DR  
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: STD  
Name: MERWIN, OLIVER J  
Address: 11325 SW OLMSTEAD DR.  
City-St-Zip: PORT SAINT LUCIE, FL 34987

I hereby 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 all other like empowered.

SIGNATURE: OLIVER J MERWIN

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04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date