2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 16, 2005 08:00 AM Secretary of State DOCUMENT # M48151 1. Entity Name QUALITY ENGINEERING SYSTEMS OF TOMORROW. INC. Principal Place of Business Mailing Address 7112 W MCNAB RD. 18353 FRESH LAKE WAY FORT LAUDERDALE, FL 33321 BOCA RATON, FL 33498 US 02142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4 FFI Number Applied For 59-2860135 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARRYL, CLYDE DO NOT WRITE 18353 FRESH LAKE WAY BOCA RATON, FL 33498 IN THIS SPACE 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and fittle if applicable. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be \Box After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME CARRYL, CLYDE STREET ADDRESS 18353 FRESH LAKE WAY 000000231644 CITY-ST-ZIP BOCA RATON, FL 02/16/05-80038-023 150.00 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 order of the empowered.

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPES OF PHINTED NAME OF SIGNING OFFICER OF DIRECTOR

2-14-05 954-597-04

Daytime Phone (

FILED