2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130061

Entity Name: QMP CONSULTANTS, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4618 SW LONG BAY DRIVE 11661 SW ROCKVILLE COURT PALM CITY, FL 34990 PORT ST LUCIE, FL 34987

Current Mailing Address: New Mailing Address:

4618 SW LONG BAY DRIVE 11661 SW ROCKVILLE COURT PALM CITY, FL 34990 PORT ST LUCIE, FL 34987

FEI Number: 11-3665740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PHO, QUAN M Q PHARMD
4618 SW LONG BAY DRIVE
PALM CITY, FL 34990 US
PHO, QUAN M Q PHARMD
11661 SW ROCKVILLE COURT
PORT ST LUCIE, FL 34987 US

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: QUAN PHO 04/29/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

Title:

Name:

Address:

City-St-Zip:

Title: DR (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PHO, QUAN M.Q. Name: PHO, QUAN M.Q.

4618 SW LONG BAY DRIVE Address: 11661 SW ROCKVILLE COURT PALM CITY, FL 34990 City-St-Zip: PORT ST LUCIE, FL 34987

Title: CEO () Delete Title: CEO (X) Change () Addition

Name: VAN, THU B. Name: VAN, THU B.

Address: 4618 SW LONG BAY DRIVE Address: 11661 SW ROCKVILLE COURT
City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PORT ST LUCIE, FL 34987

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: QUAN PHO DR 04/29/2009