

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAR 22 PM 4: 37

DOCUMENT # **P98000068912**
1. Entity Name
Qualycon, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7802 Kingspointe Pkwy
Suite, Apt. #, etc.
Ste 202

3. Mailing Address
SAME as business
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando FL

City & State

Zip
32819

Country
USA

Zip

Country

4. FEI Number
59 352 6092

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Jose Mayoral

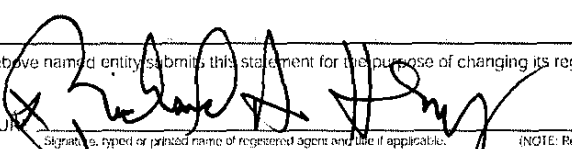
Street Address (P.O. Box Number is Not Acceptable)
7802 Kingspointe Parkway Ste 206

City
Orlando

FL

Zip Code
32819

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.

SIGNATURE  **3/21/02**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

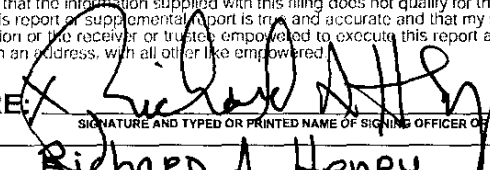
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Richard A. Henry 3009 Crested Circle Orlando FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700005180637--3 -04/01/02--01084--018 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Jose Mayoral 14663 BRADDOCK OAKS Drive Orlando FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE  **Richard A. Henry** **President** **3/21/02** **407 367 2138**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2ED34B (12/01)