2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P99000050037

Entity Name: QWST CAPITAL, INC.

Current Principal Place of Business:

2200 NW CORPORATE BLVD., STE 302
BOCA RATON, FL 33434

New Principal Place of Business:

9445 SOUTHAMTPTON PLACE
BOCA RATON, FL 33434

Current Mailing Address:

2200 NW CORPORATE BLVD., STE 302
BOCA RATON, FL 33434

New Mailing Address:

8732 OLDHAM WAY
WEST PALM BEACH, FL 334121111 US

FEI Number: 65-0925585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPLAN, LAWRENCE A
2200 NW CORPORATE BLVD., STE 302
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

CAPLAN, LAWRENCE A
2200 NW CORPORATE BLVD., STE 304
BOCA RATON, FL 33431 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: _____ 04/27/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: VIKTORIA, KARULINA
Address: 8732 OLDHAM WAY
City-St-Zip: WEST PALM BEACH, FL 33412

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MICHAEL, STRIANESE
Address: 8732 OLDHAM WAY
City-St-Zip: WEST PALM BEACH, FL 334121111 US

Title: VD ( ) Change (X) Addition
Name: VIKTORIA, KARULINA
Address: 8732 OLDHAM WAY
City-St-Zip: WEST PALM BEACH, FL 334121111 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL STRIANESE PD 04/27/2005
Electronic Signature of Signing Officer or Director — Date