

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 687076

FILED  
Jan 03, 2011  
Secretary of State

**Entity Name:** QUALITY ASSURANCE INSTITUTE, INC.

**Current Principal Place of Business:**

2101 PARK CENTER DRIVE  
SUITE 200  
ORLANDO, FL 32835

**New Principal Place of Business:**

2101 PARK CENTER DRIVE  
SUITE 205  
ORLANDO, FL 32835

**Current Mailing Address:**

2101 PARK CENTER DRIVE  
SUITE 200  
ORLANDO, FL 32835

**New Mailing Address:**

2101 PARK CENTER DRIVE  
SUITE 205  
ORLANDO, FL 32835

**FEI Number:** 59-2023359

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TICKNOR, THOMAS E COO  
5513 PALM LAKE CIRCLE  
-  
ORLANDO, FL 32819 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: CEO  
Name: MOHNOT, NAVYUG  
Address: 2101 PARK CENTER DRIVE, SUITE 205  
City-St-Zip: ORLANDO, FL 32819

Title: VD  
Name: MOHNOT, SEEMA  
Address: 2101 PARK CENTER DRIVE, SUITE 205  
City-St-Zip: ORLANDO, FL 32819

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: THOMAS TICKNOR

COO

01/03/2011

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

\_\_\_\_\_ Date