

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 687076

FILED
Jan 27, 2009
Secretary of State

Entity Name: QUALITY ASSURANCE INSTITUTE, INC.

Current Principal Place of Business:

9222 BAY POINT DRIVE
ORLANDO, FL 32819

New Principal Place of Business:

2101 PARK CENTER DRIVE
SUITE 200
ORLANDO, FL 32835

Current Mailing Address:

9222 BAY POINT DRIVE
ORLANDO, FL 32819

New Mailing Address:

2101 PARK CENTER DRIVE
SUITE 200
ORLANDO, FL 32835

FEI Number: 59-2023359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REID, JOHN J., ESQ.
401 N MILLS AVENUE
-
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

TICKNOR, THOMAS E COO
5513 PALM LAKE CIRCLE
-
ORLANDO, FL 32819 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: THOMAS E TICKNOR

01/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PERRY, WILLIAM E,
Address: 9222 BAY POINT DRIVE
City-St-Zip: ORLANDO, FL

Title: VD () Delete
Name: PERRY, CYNTHIA C,
Address: 9222 BAY POINT DRIVE
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MOHNOT, NAVYUG,
Address: 2101 PARK CENTER DRIVE, SUITE 200
City-St-Zip: ORLANDO, FL 32819

Title: VD (X) Change () Addition
Name: MOHNOT, SEEMA,
Address: 2101 PARK CENTER DRIVE, SUITE 200
City-St-Zip: ORLANDO, FL 32819

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: THOMAS TICKNOR

COO

01/27/2009

Electronic Signature of Signing Officer or Director

Date