


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000001691 1. Entity Name QS TECHNOLOGIES, INC.	
--	---

Principal Place of Business 1106 BANK OF AMERICA PLAZA 7 N LAURENS ST GREENVILLE, SC 29601	Mailing Address P.O. BOX 847 GREENVILLE, SC 29602-0847
---	--



03232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1074006	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
--	----------------------------

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000100415 04/01/04-80006-017 150.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAVIDSON, KEVIN 26 MERRY OAK TRAIL PIEDMONT, SC 29673
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HERRON, BONNIE L 4355 SHACKEFORD RD NORCROSS, GA 30093
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOODHEW, J. WILLIAM III 4355 SHACKEFORD RD NORCROSS, GA 30093
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C STRANGE, J. LELAND 4355 SHACKEFORD RD NORCROSS, GA 30093
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bonnie Herron 3/24/04 770 381-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #