

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2007 8:00 am**  
**Secretary of State**

07-23-2007 90037 004 \*\*\*150.00

<b>DOCUMENT # F03000003778</b>					
<b>1. Entity Name</b> QSGI INC.					
<b>Principal Place of Business</b> 70 LAKE DRIVE HIGHTSTOWN, NJ 08520			<b>Mailing Address</b> 70 LAKE DRIVE HIGHTSTOWN, NJ 08520		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07062007    Chg-P    CR2E034 (12/06)	
<b>4. FEI Number</b> 13-2599131				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BURGER, ALAN M ESQ 1601 FORUM PLACE, SUITE 404 WEST PALM BEACH, FL 33401  <i>Note: Address change</i>			Name <u>BURGER, ALAN M. ESQ</u> Street Address (P.O. Box Number is Not Acceptable) <u>510 McDONALD HOPKINS</u> <u>505 SOUTH FLAGLER DRIVE SUITE 300</u> City <u>WEST PALM BEACH</u> <u>FL</u> Zip Code <u>33401</u>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE:</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	CEO SHERMAN, MARC <input type="checkbox"/> Delete 241 TRADEWIND DRIVE PALM BEACH, FL 33480		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	D ROBERT W. VAN HELLEMONT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1109 LAKE PARK DRIVE BIRMINGHAM, MI 48009	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	COO GROSSMAN, SETH <input type="checkbox"/> Delete 70 LAKE DRIVE HIGHTSTOWN, NJ 08520		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	CFO CUMMINGS, EDWARD L <input type="checkbox"/> Delete 70 LAKE DRIVE HIGHTSTOWN, NJ 08520		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	D SMITH, GEOFFREY A <input type="checkbox"/> Delete 70 LAKE DRIVE HIGHTSTOWN, NJ 08520		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	D ELLIOTT, R. KEITH <input type="checkbox"/> Delete 249 TRADEWIND DRIVE PALM BEACH, FL 33480		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	D CUMMINGHAM, JOHN F <input type="checkbox"/> Delete 70 LAKE DRIVE HIGHTSTOWN, NJ 08520		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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.</b>					
<b>SIGNATURE:</b> <u>Edward L Cummings</u> <u>Edward L Cummings</u> <u>7/6/07</u> <u>609-426-4666</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    (Date)    Daytime Phone #</small>					