
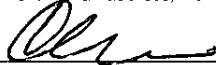


2004 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | | | |
|---|-------------------------------------|---------------------|---|---|--|
| DOCUMENT # F03000005902 1. Entity Name QHPC, INC. | | | |  | |
| Principal Place of Business 2929 BRIARPARK DRIVE SUITE 125 HOUSTON, TX 77042 | | | Mailing Address 2929 BRIARPARK DRIVE SUITE 125 HOUSTON, TX 77042 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-0380872 | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| | | | | FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | CP <input type="checkbox"/> Delete | | TITLE | CP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CRABTREE, CLIFTON A | | NAME | Crabtree, Clifton A. | |
| STREET ADDRESS | 10497 TOWN & COUNTRY WAY #810 | | STREET ADDRESS | 2929 Briarpark, #125 | |
| CITY-ST-ZIP | HOUSTON, TX 77024 | | CITY-ST-ZIP | HOUSTON, TEXAS 77042 | |
| TITLE | VPT <input type="checkbox"/> Delete | | TITLE | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HAMES, RONALD F | | NAME | HAMES, RONALDE | |
| STREET ADDRESS | 10497 TOWN & COUNTRY WAY #810 | | STREET ADDRESS | 2929 Briarpark, #125 | |
| CITY-ST-ZIP | HOUSTON, TX 77024 | | CITY-ST-ZIP | HOUSTON, TEXAS 77042 | |
| TITLE | S <input type="checkbox"/> Delete | | TITLE | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CHOYKE, AMY B | | NAME | CHOYKE, AMY B. | |
| STREET ADDRESS | 10497 TOWN & COUNTRY WAY #810 | | STREET ADDRESS | 2929 Briarpark, #125 | |
| CITY-ST-ZIP | HOUSTON, TX 77024 | | CITY-ST-ZIP | HOUSTON, TEXAS 77042 | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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:  | | | Clifton A. Crabtree 6/9/2004 832-613-9301 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small> | | |

FILED
04 JUN 10 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06092004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0380872 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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|----------------------------|-------------------------------------|--|---|---|--|
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| TITLE | VPT <input type="checkbox"/> Delete | | TITLE | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HAMES, RONALD F | | NAME | HAMES, RONALDE | |
| STREET ADDRESS | 10497 TOWN & COUNTRY WAY #810 | | STREET ADDRESS | 2929 Briarpark, #125 | |
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| NAME | CHOYKE, AMY B | | NAME | CHOYKE, AMY B. | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

300038354413
06/28/04-01053-019 Change Addition

SIGNATURE:  Clifton A. Crabtree 6/9/2004 832-613-9301
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #