2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006905

1. Entity Name
QUALIGEN, INC.

Principal Place of Business	Mailing Address
2042 CORTE DEL NOGAL STE B CARLSBAD, CA 92009	2042 CORTE DEL NOGAL STE B CARLSBAD, CA 92009

01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-1836900
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, RHETT
1211 PALM BREEZE CT.
LAKE MARY, FL 32746

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000192407
01/25/05-80016-016 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PCEO
NAME	ROSINACK, PAUL A
STREET ADDRESS	2042 CORTE DEL NOGAL STE B
CITY-ST-ZIP	CARLSBAD, CA 92009
TITLE	SVP
NAME	POIRIER, MICHAEL S
STREET ADDRESS	2042 CORTE DEL NOGAL STE B
CITY-ST-ZIP	CARLSBAD, CA 92009
TITLE	VP
NAME	BUCHANAN, ROBERT
STREET ADDRESS	2042 CORTE DEL NOGAL STE B
CITY-ST-ZIP	CARLSBAD, CA 92009
TITLE	VP
NAME	LOTZ, CHRISTOPHER L
STREET ADDRESS	2042 CORTE DEL NOGAL STE B
CITY-ST-ZIP	CARLSBAD, CA 92009
TITLE	VP
NAME	MOORE, DAVID B
STREET ADDRESS	2042 CORTE DEL NOGAL STE B
CITY-ST-ZIP	CARLSBAD, CA 92009
TITLE	VP
NAME	PETERSON, DOROTHY C
STREET ADDRESS	2042 CORTE DEL NOGAL STE B
CITY-ST-ZIP	CARLSBAD, CA 92009

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)(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: _____ CHRISTOPHER LOTZ 1/18/05 760-918-9165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #