2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001077

Entity Name: Q MARK INCORPORATED

FILED Mar 08, 2007 Secretary of State

Entity Nan	ne: QIMARK	INCORPORATED					
Current Principal Place of Business:				New Principal Place of Business:			
3025 S PARKER RD SUITE 100 AURORA, CO 80014				3025 S PARKER RD SUITE 800 AURORA, CO 80014			
Current Mailing Address:				New Mailing Address:			
3025 S PARKER RD SUITE 100 AURORA, CO 80014				3025 S PARKER RD SUITE 800 AURORA, CO 80014			
FEI Number:	84-1425549	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable()	Certificate of Status	s Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
HEYWORTH, ANTHONU 4284 SANCTUARY WAY BONITA SPRINGS, FL 34134 US				HEYWORTH, ANTHONY 4284 SANCTUARY WAY BONITA SPRINGS, FL 34134 US			
The above in the State	named entity s of Florida.	submits this statement for the po	urpose o	f changing i	ts registered o	ffice or registered	agent, or both,
SIGNATURE: ANTHONY HEYWORTH				03/08/2007			
	Electron	ic Signature of Registered Age	nt			Date	
Election Can	npaign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MORPHEW, PH	RONT PKWY. E. DR., SUITE 200		Title: Name: Address: City-St-Zip:	WREN, HAROL	BORO PARK BOULE\	/ARD
Title: Name: Address: City-St-Zip:	SMITH, SHARO	RONT PKWY. E. DR., SUITE 200		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	HEYWORTH, A	RONT PKWY. E. DR., SUITE 200		Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARON SMITH T 03/08/2007