2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003005

Entity Name: APPLIED QUANTITATIVE SCIENCES, INC.

FILED Feb 25, 2009 Secretary of State

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Current Pr	incipal Place of Business:	New Principal Place of Business:
7229 CHESAPEAKE CIRCLE BOYNTON BEACH, FL 33436		694 SAN REMO DRIVE WESTON, FL 33326 US
Current Mailing Address:		New Mailing Address:
7229 CHESAPEAKE CIRCLE BOYNTON BEACH, FL 33436		694 SAN REMO DRIVE WESTON, FL 33326 US
FEI Number:	FEI Number Applied For()	FEI Number Not Applicable (X) Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
1203 GOVE	FILINGS INCORPORATED ERNORS SQUARE BLVD SUITE 101 SEE, FL 323012960 US	
The above in the State		purpose of changing its registered office or registered agent, or both,
SIGNATUR	E:	
	Electronic Signature of Registered A	gent Date
Election Cam	paign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	DPVS () Delete KUBICA, MICHAEL 7229 CHESAPEAKE CIRCLE BOYNTON BEACH, FL 33436	Title: P (X) Change () Addition Name: KUBICA, MICHAEL Address: 694 SAN REMO DRIVE City-St-Zip: WESTON, FL 33326
Title: Name: Address: City-St-Zip:	T () Delete KUBICA, MICHAEL 7229 CHESAPEAKE CIRCLE BOYNTON BEACH, FL 33436	Title: V (X) Change () Addition Name: KUBICA, MICHAEL Address: 694 SAN REMO DRIVE City-St-Zip: WESTON, FL 33326
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Title: Name: Address: City-St-Zip:	()Delete	Title: D () Change (X) Addition Name: KUBICA, MICHAEL Address: 694 SAN REMO DRIVE City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL A. KUBICA P 02/25/2009