


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 01, 2004 08:00 AM
Secretary of State

DOCUMENT # F95002004440 1. Entity Name QUICK TEST, INC.	
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Principal Place of Business 1061 E. INDIANTOWN ROAD SUITE 300 JUPITER, FL 33477	Mailing Address 1061 E. INDIANTOWN ROAD SUITE 204 JUPITER, FL 33477
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DO NOT WRITE IN THIS SPACE



06242004 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1431754	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	C LEFFERDINK, VAN M 1016 OENOKE RIDGE RD NEW CANAAN, CT 06840
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CFO DEAN, EDWARD W 1061 E INDIANTOWN RD STE 300 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S RODGERS, ADAM 33 PRINCEWOOD LN PALM BCH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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07/01/04-80001-003 158.75

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	6-24-04 561-748-0931 <small>Date Daytime Phone #</small>
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