


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90002 049 ***150.00

DOCUMENT # F95000005512

1. Entity Name
QAI, INC.



Principal Place of Business
10622 VILLA DE CERRO
SANTA ANA, CA 92705 US

Mailing Address
~~10622 VILLA DEL CERRO~~
~~SANTA ANA, CA 92705 US~~
P.O. Box 898
Justin, CA 92781

41003000



01082004 No Chg-P CR2E034 (10/03)

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4. FEI Number
41-1709144

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ 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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAVID WIEGAND
STREET ADDRESS	10622 VILLA DEL CERRO
CITY-ST-ZIP	SANTA ANA, CA 92705
TITLE	S
NAME	MARIA WIEGAND
STREET ADDRESS	10622 VILLA DEL CERRO
CITY-ST-ZIP	SANTA ANA, CA 92705
TITLE	
NAME	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Maria Wiegand Maria Wiegand 1/16/04 (949) 789-8987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #