2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006483

FILED Apr 26, 2004 Secretary of State

Entity Name: QUICK-MED TECHNOLOGIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 401 NE 25TH TERRACE BOCA RATON, FL 33431 **Current Mailing Address: New Mailing Address:** 401 NE 25TH TERRACE BOCA RATON, FL 33431 FEI Number: 65-0797243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: KARSCH, MICHAEL LERNER, DAVID 401 NE 25TH TERRACE C/O SAX SACHS & KLEIN US 301 YAMATO ROAD BOCA RATON, FL 33431 BOCA RATON, FL 33431 US 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. SIGNATURE: DAVID LERNER 04/26/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LERNER, DAVID Name: Name: 401 NE 25TH TERRACE Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: Title: () Delete () Change () Addition GRANITO, MICHAEL Name: Name: 30 E 37TH STREET Address: Address: NEW YORK, NY 10016 City-St-Zip: City-St-Zip: Title: Title: SD (X) Delete () Change () Addition KARSCH, MICHAEL Name: Name: 301 YAMATO RD Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: () Delete Title: () Change () Addition SCHULTZ, GREGORY Name: Name: Address: 1600 SW ARCHER RD Address: City-St-Zip: GAINESVILLE, FL 32610 City-St-Zip: Title: Title: () Delete () Change () Addition CERJAN, PAUL Name: Name: 3524 OLD COURSE LANE Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: () Delete Title: () Change () Addition OLDERMAN, JERRY Name: Name: 17 AIKMAN DRIVE Address: Address: City-St-Zip: City-St-Zip: BEDFORD, MA 01730

I hereby certify that the information supplied with this filing does not qualify for the 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 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:	DAVID LERNER	Р	04/26/2004
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