2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90174 032 ***158.75

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1. Entity Name
QUICK-MED TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
401 NE 25TH TERRACE BOCA RATON, FL 33431	401 NE 25TH TERRACE BOCA RATON, FL 33431

GUUJJ013

04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3427 SW 42 WAY	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GAINESVILLE, FL	City & State
Zip: 32608 Country	Zip Country

4. FEI Number ~~65-0787243~~ 98-0204736 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LERNER, DAVID 401 NE 25TH TERRACE BOCA RATON, FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 DAVID LERNER 4-27-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC LERNER, DAVID 401 NE 25TH TERRACE BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D LERNER, DAVID 401 NE 25TH TERRACE BOCA RATON, FL 33431	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C GRANITO, MICHAEL 30 E 37TH STREET NEW YORK, NY 10016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRIEL, GEORGE RR2, BOX 69 BUCKEYE, WV 24924	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHULTZ, GREGORY 1600 SW ARCHER RD GAINESVILLE, FL 32610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAFFREY, RICHARD 3658 RT 44 PO BOX 319 BROWNSVILLE, VT 05037	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CERJAN, PAUL 3524 OLD COURSE LANE VALRICO, FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NAM NGUYEN 1448 SW 13TH DR BOCA RATON, FL 33486	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLDERMAN, JERRY 17 AIKMAN DRIVE BEDFORD, MA 01730	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SOROBEY, NATASHA 45 DOUGLAS VIEW CIRCLE CALGARY, AB P2Z 2P4 CANADA	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D OLDERMAN, JERRY 17 PICKMAN DRIVE BEDFORD, MA 01730	☒ Change ☐ Addition

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: NAM H. NGUYEN 4-27-05 (561) 416-1391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #