2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# F97000006483

Entity Name: QUICK-MED TECHNOLOGIES, INC.

Current Principal Place of Business:

3427 SW 42 WAY
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

401 NE 25TH TERRACE
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0797243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LERNER, DAVID
401 NE 25TH TERRACE
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LERNER, DAVID
Address: 401 NE 25TH TERRACE
City-St-Zip: BOCA RATON, FL 33431

Title: C ( ) Delete
Name: GRANITO, MICHAEL
Address: 30 E 37TH STREET
City-St-Zip: NEW YORK, NY 10016

Title: C ( ) Delete
Name: GRANITO, MICHAEL
Address: 1088 SHADY AVE
City-St-Zip: PITTSBURGH, PA 15232

Title: D ( ) Delete
Name: CERJAN, PAUL
Address: 3524 OLD COURSE LANE
City-St-Zip: VALRICO, FL 33594

Title: VD ( ) Delete
Name: OLDERMAN, JERRY
Address: 17 AIKMAN DRIVE
City-St-Zip: BEDFORD, MA 01730

Title: D ( ) Delete
Name: FRIEL, GEORGE
Address: RR2, BOX 69
City-St-Zip: BUCKEYE, WV 24924

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change ( ) Addition
Name: GRANITO, MICHAEL
Address: 1088 SHADY AVE
City-St-Zip: PITTSBURGH, PA 15232

Title: D (X) Change ( ) Addition
Name: GREGORY, SCHULTZ
Address: 832 NW 45 TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: OLDERMAN, JERRY
Address: 17 PICKMAN DRIVE
City-St-Zip: BEDFORD, MA 01730

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NAM H. NGUYEN CFO 04/24/2007

Electronic Signature of Signing Officer or Director Date