2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006483

Entity Name: QUICK-MED TECHNOLOGIES, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 902 NW 4TH STREET GAINESVILLE, FL 32601 **Current Mailing Address: New Mailing Address:** 160 W CAMINO REAL BOCA RATON, FL 33432 FEI Number: 65-0797243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NGUYEN, NAM H 160 W CÁMINO REAL 238 BOCA RATON, FL 33432 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CEOD () Delete () Change () Addition Name: GREENO, J. LADD Name: 363 MATTISON DRIVE Address: Address: City-St-Zip: CONCORD, MA 01742 City-St-Zip: Title: Title: () Delete () Change () Addition Name: GRANITO, MICHAEL Name: 1088 SHADY AVE Address: Address: PITTSBURGH, PA 15232 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition GREGORY, SCHULTZ Name: Name: 832 NW 45 TERRACE Address: Address: GAINESVILLE, FL 32605 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition CAFFREY, RICHARD OLDERMAN, GERALD Name: Name: Address: 3658 RT 44 P O BOX 319 Address: 17 PICKMAN DRIVE City-St-Zip: BROWNSVILLE, VT 05037 City-St-Zip: BEDFORD, MA 01730 Title: VD Title: () Delete (X) Change () Addition OLDERMAN, JERRY Name: FRIEL, GEORGE Name: 17 PICKMAN DRIVE Address: RR2. BOX 69 Address: City-St-Zip: BEDFORD, MA 01730 City-St-Zip: BUCKEYE, WV 24924 Title: (X) Delete Title: () Change () Addition Name: FRIEL, GEORGE Name: Address: RR2. BOX 69 Address: City-St-Zip: City-St-Zip: BUCKEYE, WV 24924

I hereby certify that the information supplied with this filing does not qualify 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 04/30/2009