


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90270 005 ***150.00

DOCUMENT # L66023							
1. Entity Name QHP ENTERPRISES, INC.							
Principal Place of Business % NORTON, SAM D. 1819 MAIN ST., #610 SARASOTA, FL 34237			Mailing Address % NORTON, SAM D. 1819 MAIN ST., #610 SARASOTA, FL 34237				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 65-0217011			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
NORTON, SAM D. 1819 MAIN STREET #610 SARASOTA, FL 34236			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUTTON, DEREK	<input type="checkbox"/> Delete		NAME			
STREET ADDRESS	15 HUNTER'S GLEN RD			STREET ADDRESS			
CITY-ST-ZIP	AURORA ONTARIO, CA			CITY-ST-ZIP			
TITLE	D			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUTTON, DAVID J.	<input type="checkbox"/> Delete		NAME			
STREET ADDRESS	10 WETHERSFIELD COURT			STREET ADDRESS			
CITY-ST-ZIP	AURORA ONTARIO, CA			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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, telephone number or other like empowered.							
SIGNATURE: <i>D Sutton</i>			Date: Feb 18/05		Daytime Phone #: 905 660 4311		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		