

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90096 005 \*\*\*\*61.25

<b>DOCUMENT # N01000002143</b> 1. Entity Name <b>QE FOUNDATION, INC.</b>						
Principal Place of Business <b>9561 CAMPBELL CIRCLE NAPLES FL 34109</b>			Mailing Address <b>9561 CAMPBELL CIRCLE NAPLES FL 34109</b>			
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.			
City & State			City & State			
Zip	Country	Zip	Country	4. FEI Number <b>04-3636347</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				MOORE CR2E037 (11/03)		
6. Name and Address of Current Registered Agent  <b>RICCI, GEORGE 9561 CAMPBELL CIRCLE NAPLES FL 34109</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <b>RICCI, GEORGE</b> <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RICCI, GEORGE</b>			NAME		
STREET ADDRESS	<b>9561 CAMPBELL CIRCLE</b>			STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES FL 34109</b>			CITY-ST-ZIP		
TITLE	SD <b>RICCI, JOYCE</b> <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RICCI, JOYCE</b>			NAME		
STREET ADDRESS	<b>9561 CAMPBELL CIRCLE</b>			STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES FL 34109</b>			CITY-ST-ZIP		
TITLE	D <b>MCARDLE, ROSANNA M</b> <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCARDLE, ROSANNA M</b>			NAME		
STREET ADDRESS	<b>9553 CAMPBELL CIRCLE</b>			STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES FL 34109</b>			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 617, 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.						
<b>SIGNATURE:</b> <u>George Ricci, Pres.</u> <b>4/10/04 1-239-594-5319</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						