2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

DOCUMENT# N93000001071

Entity Name: QUALITY UNITED EDUCATION, INC.

Current Principal Place of Business:

13227 N.W. 7TH AVENUE
NORTH MIAMI, FL 33168 US

New Principal Place of Business:

Current Mailing Address:

13227 N.W. 7TH AVENUE
NORTH MIAMI, FL 33168 US

New Mailing Address:

FEI Number: 65-0469071 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, RUBINOFF
19720 N.W. 4OTH AVE.
MIAMI, FL 33055 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROBINSON, RUBINOFF
Address: 19720 N.W. 40TH AVE.
City-St-Zip: MIAMI, FL 33058

Title: VT ( ) Delete
Name: ROBINSON, DALE
Address: 19720 N.W. 40TH AVE.
City-St-Zip: MIAMI, FL 33058

Title: TT ( ) Delete
Name: EASON, LAVERNE
Address: 17000 N.W. 67TH AVE.
City-St-Zip: MIAMI, FL 33015

Title: ST ( ) Delete
Name: WARIBOKO, JENNY
Address: 19720 NW 40TH AVE
City-St-Zip: OPA LOCKA, FL 33055

Title: MA ( ) Delete
Name: GRANT, SAM
Address: 2550 N.W. 115TH ST.
City-St-Zip: MIAMI, FL 33167

Title: PR ( ) Delete
Name: GORDON, CHRISTINA
Address: 2481 OAKGARDEN LANE
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBINOFF ROBINSON PRES 02/16/2005

Electronic Signature of Signing Officer or Director — Date