

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000058048

FILED
Jul 15, 2008
Secretary of State

Entity Name: QUALITY INSTRUMENTS, INC.

Current Principal Place of Business:

10571 HEARTH ROAD
SPRING HILL, FL 34608

New Principal Place of Business:

Current Mailing Address:

10571 HEARTH ROAD
SPRING HILL, FL 34608

New Mailing Address:

3069 ANDERSON SNOW ROAD
STE. 418
SPRING HILL, FL 34609

FEI Number: 59-3654065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOSTOUFI, FARZAD (FRANK)
10571 HEARTH ROAD
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

MOSTOUFI, FARZAD (FRANK)
3069 ANDERSON SNOW ROAD
STE. 418
SPRING HILL, FL 34609 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:

07/15/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: MOSTOUFI, FARZAD
Address: 10571 HEARTH ROAD
City-St-Zip: SPRING HILL, FL 34608

Title: VT () Delete
Name: MOSTOUFI, LORI
Address: 10571 HEARTH ROAD
City-St-Zip: SPRING HILL, FL 34608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: MOSTOUFI, FARZAD
Address: 3069 ANDERSON SNOW ROAD
City-St-Zip: SPRING HILL, FL 34609

Title: VT (X) Change () Addition
Name: MOSTOUFI, LORI
Address: 3069 ANDERSON SNOW ROAD
City-St-Zip: SPRING HILL, FL 34609

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: FARZAD MOSTOUFI

PS

07/15/2008

Electronic Signature of Signing Officer or Director

Date