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03 SEP -3 AM 8:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000003522

1. Entity Name
QUEENAIRE TECHNOLOGIES, INC.

000022726490
09/03/03--01025--005 **550.00

Principal Place of Business	Mailing Address
2210 TALL INES DRIVE 210 LARGO, FL 33771	2210 TALL INES DRIVE 210 LARGO, FL 33771

2. Principal Place of Business	3. Mailing Address
	PO Box 133
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State ASHBURN, VA
Zip / Country	Zip 20146 / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3688589 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUFFY, SUSAN
2210 TALL INES DRIVE
210
LARGO, FL 33771

7. Name and Address of New Registered Agent

Name INCORPORATE USA, INC
Street Address (P.O. Box Number is Not Acceptable) 3150 SANDY RIDGE DR
City CLEARWATER FL Zip Code 33761

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 [signature], for Incorporate USA, INC 8/22/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUFFY, SUSAN M 2210 TALL INES DRIVE LARGO, FL 33771	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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, with all other like empowered.

SIGNATURE: Susan M. Duffy 8/27/03 703-654-0355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[initials] 9/4