



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000092944 1. Entity Name QUALITY INTERNET SOLUTIONS, INC.	
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Principal Place of Business 11380 MOONSHINE CREEK CIR ORLANDO, FL 32825	Mailing Address 10151 UNIVERSITY BOULEVARD #169 ORLANDO, FL 32817
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DO NOT WRITE IN THIS SPACE



07042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3745469	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and this if applicable (NOTE: Registered Agent Signature required when reinstating) **DATE** _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE	PSTD
NAME	SANDS, DWIGHT H
STREET ADDRESS	11380 MOONSHINE CREEK CIR
CITY - ST - ZIP	ORLANDO, FL 32825
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000377241
08/29/05-80002-002 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **8/27/2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #