2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P02000118430

Entity Name: QUALITY ALOE, INC.

Current Principal Place of Business:

3936 S. SEMORAN BLVD
SUITE 292
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

4507 DEEDE LANE
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 38-3669911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARRISH, JASON
3936 S. SEMORAN BLVD.
SUITE 292
ORLANDO, FL 32822 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P,T ( ) Delete
Name: PARRISH, JASON
Address: 3936 S. SEMORAN BLVD. SUITE 292
City-St-Zip: ORLANDO, FL 32822

Title: VP,S ( ) Delete
Name: PARRISH, GINA M
Address: 3936 S. SEMORAN BLVD. SUITE 292
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: JASON PARRISH PRES 04/27/2005

Electronic Signature of Signing Officer or Director — Date