2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130061

FILED Apr 30, 2007 Secretary of State

Entity Name: QMP CONSULTANTS, INC.	
Current Principal Place of Business:	New Principal Place of Business:
620 ANHINGA RD WINTER SPRINGS, FL 32708	4618 SW LONG BAY DRIVE PALM CITY, FL 34990
Current Mailing Address:	New Mailing Address:
4618 SW LONG BAY DRIVE PALM CITY, FL 34990	
FEI Number: 11-3665740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agen	nt: Name and Address of New Registered Agent:
PHO, QUAN M Q PHARMD 620 ANHINGA RD WINTER SPRINGS, FL 32708 US	PHO, QUAN M Q PHARMD 4618 SW LONG BAY DRIVE PALM CITY, FL 34990 US
The above named entity submits this statement for in the State of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATURE: QUAN M Q PHO	04/30/2007
Electronic Signature of Registered	d Agent Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: DR () Delete Name: PHO, QUAN M.Q. Address: 4618 SW LONG BAY DRIVE City-St-Zip: PALM CITY, FL 34990	Title: () Change () Addition Name: Address: City-St-Zip:
Title: () Delete Name: Address: City-St-Zip:	Title: CEO () Change (X) Addition Name: PHO, THU B. Address: 4618 SW LONG BAY DRIVE City-St-Zip: PALM CITY, FL 34990

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: QUAN PHO M Q DR 04/30/2007