2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 12, 2004 8:00 am **Secretary of State DOCUMENT # P03000001761** 1. Entity Name 02-12-2004 90031 020 ***158.75 QUALSCAN INC. Principal Place of Business Mailing Address 3757 BECONTREE PL 3757 BECONTREE PL **OVIEDO, FL 32765** OVIEDO, FL 32765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENRIQUE, VALERIE D Street Address (P.O. Box Number is Not Acceptable) 3757 BECONTREE PL **OVIEDO, FL 32765** City Zip Code 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 SIGNATURE. 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, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition **ENRIQUE, VALERIE D** NAME STREET ADDRESS 3757 BECONTREE PL STREET ADDRESS CITY-ST-7IP OVIEDO, FL 32765 CITY-ST-ZIP TITLE □ Delete TITLE Change ■ Addition ENRIQUE, ERIC J NAME STREET ADDRESS 3757 BECONTREE PL STREET ADDRESS CITY-ST-78 OVIEDO, FL 32765 CCTY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/2 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME SUBJECT ADDRESS. STREET ADDRESS CITY-ST-ZIP City-ST-7P 12. Thereby 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 attachager with an address, with all other like empowered.

FILED

Isen Enrique 1/22/04 (407) 721-2765