2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005
Secretary of State

DOCUMENT# P03000050398

Entity Name: QUALITY OF LIFE MEDICAL, INC.

Current Principal Place of Business:

3002 W. PLATT STREET, UNIT B
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

3002 W. PLATT STREET, UNIT B
TAMPA, FL 33609

New Mailing Address:

FEI Number: 65-1186421 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

VECCHIONE, CHRIS
3002 W. PLATT ST.
APT. B
TAMPA, FL 33609 US

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: CHRIS VECCHIONE 01/25/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: VECCHIONE, CHRISTOPHER J
Address: 3002 W. PLATT STREET, UNIT B
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CHRIS VECCHIONE PSTD 01/25/2005
Electronic Signature of Signing Officer or Director Date