


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 04, 2004 8:00 A.M.
Secretary of State

DOCUMENT # P03000128889					
1. Entity Name Q.C. EDUCATIONAL PRODUCTS, INC.					
Principal Place of Business 7950 W FLAMINGO RD UNIT 1134 LAS VEGAS, NV 89147 US			Mailing Address 7950 W FLAMINGO RD UNIT 1134 LAS VEGAS, NV 89147 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0376451	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
QUINN, KEVIN M 594 ORANGE DRIVE UNIT #147 ALTAMONTE SPRINGS, FL 32701			Name <u>Joseph P. Cagliuso</u> Street Address (P.O. Box Number is Not Acceptable) <u>2266 N. Kepler Rd.</u> City <u>Deland</u> FL Zip Code <u>32724</u>		
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 <u>Joseph P. Cagliuso V.P.</u> DATE <u>10-6-04</u> <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, KEVIN M		NAME	Kevin M. Quinn	
STREET ADDRESS	594 ORANGE DRIVE, UNIT #147		STREET ADDRESS	7950 W. Flamingo Rd. #1134	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP	LAS Vegas, NV, 89147	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAGLIUSO, JOSEPH P		NAME	Joseph P. Cagliuso	
STREET ADDRESS	594 ORANGE DRIVE, UNIT #147		STREET ADDRESS	7950 W. FLAMINGO RD. #1134	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP	LAS Vegas, NV, 89147	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby 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 attachment with an address, with all other like empowered.					
SIGNATURE: <u>Joseph P. Cagliuso V.P.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>10-6-04</u> 702-336-7578 <small>Daytime Phone #</small>		