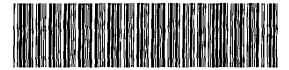
704000097494

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dabinos Zitaly Harro)
(Document Number)
(======================================
Certified Copies Certificates of Status

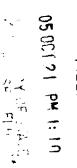
Special Instructions to Filing Officer:

Office Use Only



800060804958

10-71/65 - 60004 - 107 - 44507,50



this is a

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: QUANTUM BIT INDUCTION TECHNOLOS 7, INC. (Name of Corporation)
DOCUMENT NUMBER: <u>PO400097494</u>
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TACK CHUA (Name of Person)
(Name of Firm/Company)
3 TEMASEK BLVD. #01-023/025
SUNTEC CITY MALL
5INGAPORE, 038983 SINGAPORE (City/State and Zip Code)
For further information concerning this matter, please call:
TACK CHUA (Name of Person) at (+65) 6338-0010 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E046(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, MICHAEL G. BROWN (Name of Registered Agent)
hereby resigns as Registered Agent for QVANTUM BIT IN INCTION TECHNOLOGY, IN (Name of Corporation)
P04000097494 (Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314