

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000108770

FILED
Apr 24, 2008
Secretary of State

Entity Name: QUALITY EDUCATION INITIATIVE CORPORATION

Current Principal Place of Business:

1792 SE CANORA RD.
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

4530 NORTH HIATUS ROAD
SUITE 102
SUNRISE, FL 33351

Current Mailing Address:

1792 SE CANORA RD.
PORT ST. LUCIE, FL 34952

New Mailing Address:

4530 NORTH HIATUS ROAD
SUITE 102
SUNRISE, FL 33351

FEI Number: 20-5472112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOOSE, MARY E. DR.
1792 SE CANORA RD.
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

BOOSE, MARY E. DR.
4530 NORTH HIATUS ROAD
SUITE 102
SUNRISE, FL 33351 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: DR. MARY E. BOOSE

04/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: BOOSE, MARY E. DR.
Address: 1792 SE CANORA RD.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: ST () Delete
Name: BOOSE, MARY E. DR.
Address: 1792 SE CANORA RD.
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP (X) Change () Addition
Name: BOOSE, MARY E. DR.
Address: 4530 NORTH HIATUS ROAD SUITE 102
City-St-Zip: SUNRISE, FL 33351

Title: DR (X) Change () Addition
Name: BOOSE, MARY E
Address: 4530 NORTH HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351

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: MARY E. BOOSE

DR.

04/24/2008

Electronic Signature of Signing Officer or Director

Date