2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P06000108770

Entity Name: QUALITY EDUCATION INITIATIVE CORPORATION

Current Principal Place of Business:

4530 NORTH HIATUS ROAD
SUITE 102
SUNRISE, FL 33351

New Principal Place of Business:

14338 S.W. 11TH STREET
PEMBROKE PINES, FL 33027

Current Mailing Address:

4530 NORTH HIATUS ROAD
SUITE 102
SUNRISE, FL 33351

New Mailing Address:

14338 S.W. 11TH STREET
PEMBROKE PINES, FL 33027

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.
4530 NORTH HIATUS ROAD
SUITE 102
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

BOOSE, MARY E. DR.
14338 S.W. 11TH STREET
PEMBROKE PINES, FL 33027 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: _____ 04/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP (X) Change ( ) Addition
Name: BOOSE, MARY E. DR.
Address: 14338 S.W 11TH STREET
City-St-Zip: PEMBROKE PINES, FL 33027

Title: DR (X) Change ( ) Addition
Name: BOOSE, MARY E
Address: 14338 S.W 11TH STREET
City-St-Zip: PEMBROKE PINES, FL 33027

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: DR. MARY E. BOOSE CEOP 04/30/2009
Electronic Signature of Signing Officer or Director — Date