2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000029470

City-St-Zip:

JACKSONVILLE, FL

FILED Mar 30, 2008 Secretary of State

Entity Name: TOTAL QUALITY NETWORKS, INC. **Current Principal Place of Business: New Principal Place of Business:** 3647 HENDRICKS AVENUE JACKSONVILLE, FL 322075360 **Current Mailing Address: New Mailing Address:** 3647 HENDRICKS AVENUE JACKSONVILLE, FL 322075360 FEI Number: 59-3259480 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPENCER, MICHAEL D SPENCER, MICHAEL D 1061 RIVERSIDE AVENUE 800 LOMAX ST JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 US 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: 03/30/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition KORN, MICHAEL J Name: Name: 3603 CATHEDRAL OAKS PLACE, NORTH Address: Address: City-St-Zip: JACKSONVILLE, FL 33217 City-St-Zip: Title: Title: (X) Change () Addition () Delete SPENCER, MICHAEL D Name: Name: SPENCER, MICHAEL D 800 LOMAX ST 1061 RIVERSIDE AVENUE Address: Address: JACKSONVILLE, FL JACKSONVILLE, FL 32204 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition BROTMAN, SOL Name: BROTMAN, SOLOMON Name: 3647 HENDRICKS AVE 3647 HENDRICKS AVE Address: Address:

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.

City-St-Zip:

JACKSONVILLE, FL 32207

VΡ SIGNATURE: SOLOMON BROTMAN 03/30/2008