2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

SIGNATURE:

Feb 18, 2005 08:00 AM DOCUMENT # P94000061974 Secretary of State 1. Entity Name QUALITY AIR RESEARCH INC. Principal Place of Business Mailing Address 215 OCEAN DUNES CIR 215 OCEAN DUNES CIR JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE Applied For City & State City & State 4. FEI Number 65-0518908 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TOTH, DONALD Street Address (P.O. Box Number is Not Acceptable) 215 OCEAN DUNES CIR JUPITER FL 33477 Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition HILE Delete THE TOTH, DONALD NAME NAME 000000234115 215 OCEAN DUNES CIR STREET ADDRESS STREET ADDRESS U2/18/US-8U006-019 1SO.UO JUPITER FL CHTY-ST-ZIP City-ST-ZIP ☐ Change ☐ Addition HILE Delete THILE CARLON-TOTH, ROSEMARIE NAME 215 OCEAN DUNES CIR STREET ADDRESS STREET ADDRESS JUPITER FL 33477 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TOTAL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIII F Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-SE-ZIP CHY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-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)(f), 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.

FILED