2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005
Secretary of State

DOCUMENT# P95000043637

Entity Name: Q P S MEDICAL DISPOSABLE PRODUCTS INC.

Current Principal Place of Business:

1501 DECKER AVE., #112
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

1501 DECKER AVE., #112
STUART, FL 34994

New Mailing Address:

FEI Number: 65-0598218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OVERBYE, KRISTIAN B
534 SE ASHLEY OAKS WAY
STUART, FL 34997 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OVERBYE, KRISTIAN B
Address: 534 SE ASHLEY OAKS WAY
City-St-Zip: STUART, FL 34997

Title: VPT ( ) Delete
Name: MC LEOD, ERIKA
Address: 534 SE ASHLEY OAKS WAY
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KRISTIAN B OVERBYE P 03/18/2005

Electronic Signature of Signing Officer or Director Date