2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 30, 2008
Secretary of State

DOCUMENT# P95000052986

Entity Name: QRC, INC.

Current Principal Place of Business:

2326 SOFIA DR
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

2326 SOFIA DR
LUTZ, FL 33558

New Mailing Address:

FEI Number: 59-3330443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, KEITH
2402 SOFIA DR
LUTZ, FL 33558 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

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WATSON, KEITH
Address: 2402 SOFIA DR
City-St-Zip: LUTZ, FL 33558

Title: VPD ( ) Delete
Name: WATSON, KEITH A JR
Address: 2402 SOFIA DR
City-St-Zip: LUTZ, FL 33558

Title: S ( ) Delete
Name: WATSON, MELODY D
Address: 2402 SOFIA DRIVE
City-St-Zip: LUTZ, FL 33558

Title: VPD ( ) Delete
Name: HANEY, HARRY L JR
Address: 17116 ODESSA DRIVE
City-St-Zip: LAND O LAKES, FL 34638

Title: VPDT (X) Delete
Name: HANEY, STACEY M
Address: 17116 ODESSA DRIVE
City-St-Zip: LAND O LAKES, FL 34638

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: WATSON, KEITH
Address: 2402 SOFIA DR
City-St-Zip: LUTZ, FL 33558

Title: PTS (X) Change ( ) Addition
Name: WATSON, KEITH A JR
Address: 2402 SOFIA DR
City-St-Zip: LUTZ, FL 33558

Title: D (X) Change ( ) Addition
Name: WATSON, MELODY D
Address: 2402 SOFIA DRIVE
City-St-Zip: LUTZ, FL 33558

Title: DVP (X) Change ( ) Addition
Name: HANEY, HARRY L JR
Address: 17116 ODESSA DRIVE
City-St-Zip: LAND O LAKES, FL 34638

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

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: KEITH WATSON P 05/30/2008

Electronic Signature of Signing Officer or Director — Date