

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015674

FILED  
Mar 15, 2005  
Secretary of State

Entity Name: QUALIFIED INTERMEDIARIES, INC.

## Current Principal Place of Business:

C/O WILLIAM SCOTT FOSTER  
909 MAR WALT DRIVE, SUITE 1014  
FORT WALTON BEACH, FL 32547

## New Principal Place of Business:

## Current Mailing Address:

C/O WILLIAM SCOTT FOSTER  
909 MAR WALT DRIVE, SUITE 1014  
FORT WALTON BEACH, FL 32547

## New Mailing Address:

FEI Number: 59-3499477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOSTER, WILLIAM SCOTT  
909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH, FL 32547 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: D ( ) Delete  
Name: FLEET, H. BART  
Address: 909 MAR WALT DRIVE, SUITE 1014  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D ( ) Delete  
Name: FOSTER, WILLIAM SCOTT  
Address: 909 MAR WALT DRIVE, SUITE 1014  
City-St-Zip: FORT WALTON BEACH, FL 32547

## 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: WILLIAM SCOTT FOSTER

D

03/15/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date