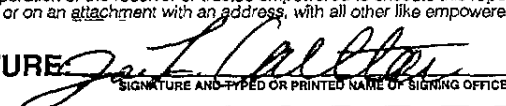


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000036250 1. Entity Name QUALITATIVE RESEARCH CORP.			
Principal Place of Business 5205 26TH ST. WEST, STE. B BRADENTON, FL 34207		Mailing Address 5205 26TH ST. WEST, STE. B BRADENTON, FL 34207	
DO NOT WRITE IN THIS SPACE			
		01052005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0916566	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANAN, MICHAEL J ESQ. 201 E. PINE ST., STE. 1200 ORLANDO, FL 32801		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		11000000264840 03/16/05-80031-017 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD CARLTON, JOE L 5205 26TH ST. WEST, STE. B BRADENTON, FL 34207		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD TURNER, PAUL 5205 26TH ST. WEST, STE. B BRADENTON, FL 34207		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS 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.			
SIGNATURE  _____		JOE L. CARLTON 10 MAR 2005 863-773-4800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	