2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000049549

Entity Name: QC MANAGEMENT, INC.

FILED Jan 10, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

7563 PHILIPS HIGHWAY 9905 ST. AUGUSTINE RD

BUILDING 300 212

JACKSONVILLE, FL 32256 JACKSONVILLE, FL 322578856

Current Mailing Address: New Mailing Address:

9905 ST. AUGUSTINE RD 7563 PHILIPS HIGHWAY

BUILDING 300

JACKSONVILLE, FL 32256 JACKSONVILLE, FL 322578856

FEI Number: 59-3580010 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NGO, QUYNH NGO, QUYNH MR 9905 ST. AUGUSTINE RD 7563 PHILIPS HIGHWAY

BUILDING 300

JACKSONVILLE, FL 322578856 US JACKSONVILLE, FL 32256 US

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: QUYNH NGO 01/10/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

PCFO Title: PCFO.

Title: () Delete (X) Change () Addition Name: NGO, QUYNH Name: NGO, QUYNH

10047 DEERCREEK CLUB RD E 10071 HEATHER CT W Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

VCOO Title: vcoo (X) Change () Addition Title: () Delete Name: POINTS, TIMOTHY Name: POINTS, TIMOTHY MR

149 RIVER WOOD 149 RIVER WOOD Address: Address: ORANGE PARK, FL 32003 ORANGE PARK, FL 32003 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition SCFO () Delete SCFO

NGO, LOGAN T NGO, LOGAN T MRS Name: Name: 12801 CAMELLIA BAY DR W 12801 CAMELLIA BAY DR W Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: JACKSONVILLE, FL 32223

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: QUYNH NGO PCE0 01/10/2005