

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90076 042 ***150.00

DOCUMENT # P99000055015

1. Entity Name
 Quality Creative Inc.

Principal Place of Business
~~6842 Burroughs Ct #6~~
 Orlando, FL 32818

Mailing Address
~~6842 Burroughs Ct #6~~
 Orlando, FL 32818

2. Principal Place of Business
 2105 Ambassador Ct.
 Suite, Apt. #, etc.

3. Mailing Address
 2105 Ambassador Ct.
 Suite, Apt. #, etc.

City & State
 Orlando, FL

City & State
 Orlando, FL

Zip
 32818

Country
 USA

Zip
 32808

Country
 USA

4. FEI Number
 59-3581574

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

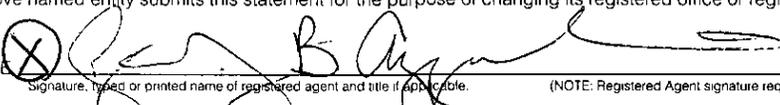
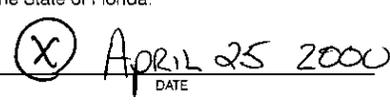
6. Name and Address of Current Registered Agent

Michael Rello
 6842 Burroughs Ct #6
 Orlando, FL 32818

7. Name and Address of New Registered Agent

Name: John Azzolino
 Street Address (P.O. Box Number is Not Acceptable):
 2105 Ambassador Ct.
 City: Orlando FL Zip Code: 32808

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.

SIGNATURE:  DATE:  APRIL 25 2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

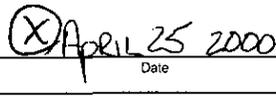
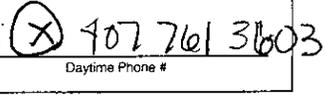
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE:  APRIL 25 2000 DAYTIME PHONE #:  407.761.3603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)