2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005
Secretary of State

DOCUMENT# P99000068936

Entity Name: Q.T. MEDICAL SERVICES, INC.

Current Principal Place of Business:

334 EAST LAKE ROAD, #308
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

334 EAST LAKE ROAD, #308
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 59-3590951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIMARCO, ROBERT
3444 EAST LAKE RD
SUITE 412
PALM HARBOR, FL 34685 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: PVD ( ) Delete
Name: JOHNSON, FREDERICK
Address: 524 CYPRESS BEND
City-St-Zip: OLDSMAR, FL 34677

Title: ST ( ) Delete
Name: ALLARDE-JOHNSON, LISA
Address: 524 CYPRESS BEND
City-St-Zip: OLDSMAR, FL 34677

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: FRED JOHNSON P 01/14/2005

Electronic Signature of Signing Officer or Director — Date