


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # V29940	
1. Entity Name QPI - QUALITY PRACTITIONERS U.S., INC.	

Principal Place of Business 3853 FLORAMAR TERRACE NEW PORT RICHEY, FL 34652 US	Mailing Address 3853 FLORAMAR TERRACE NEW PORT RICHEY, FL 34652 US
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01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WEYLIE, WALLACE J.D. 350 GULF BLVD. INDIAN ROCKS BEACH, FL 34635

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000112486 04/14/04-80024-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCROBERT, CHARLES F 3853 FLORARAM TERRACE NEW PORT RICHEY, FL 34652
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles McRobert APRIL 10/04 727-896-0463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CHARLES MCROBERT