


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | City & State | | 4. FEI Number: 59-3134350 NOT APPLICABLE | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | | Country | | 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 | | | | 7. Name and Address of New Registered Agent Name: McRobert, Charles F. Street Address (P.O. Box Number is Not Acceptable): 3853 Floramar Terrace City: New Port Richey FL Zip Code: 34652 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: <i>Charles McRobert</i> CHARLES McROBERT <i>PRASIDENT</i> <i>January 26/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCROBERT, CHARLES F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3853 FLORAMAR TERRACE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NEW PORT RICHEY, FL 34652</td> <td></td> </tr> </table> | | | TITLE | P | <input type="checkbox"/> Delete | NAME | MCROBERT, CHARLES F | | STREET ADDRESS | 3853 FLORAMAR TERRACE | | CITY - ST - ZIP | NEW PORT RICHEY, FL 34652 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">3853 Floramar Terrace</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | 3853 Floramar Terrace | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
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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: <i>Charles McRobert</i> CHARLES McROBERT <i>PRASIDENT</i> <i>JAN 26/05</i> <i>727-846-0463</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |