

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

05 AUG 17 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08082005 Chg-P CR2E034 (10/03)

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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2. Principal Place of Business 5545 LEEWARD LANE	3. Mailing Address 5545 LEEWARD LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NEW PORT RICHEY FL.	City & State NEW PORT RICHEY FL.
Zip 34652	Country US
Zip 34652	Country US

4. FEI Number 59-3134350	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCRBERT, CHARLES F 3853 FLORAMAR TERRACE NEW PORT RICHEY, FL 34652
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5545 LEEWARD LANE 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 MCRBERT</i> DATE <i>August 15/05</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCRBERT, CHARLES F 3853 FLORAMAR TERRACE NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5545 LEEWARD LANE NEW PORT RICHEY FL. 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition K. Eckel AUG 18 2005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900058854483 08/23/05--01007--005 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 MCRBERT</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <i>August 15/05</i> <small>Daytime Phone #</small>
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CHARLES MCRBERT

727 846 0463