


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90172 037 \*\*\*150.00

<b>DOCUMENT # V29940</b>		
1. Entity Name QPI - QUALITY PRACTITIONERS U.S., INC.		

Principal Place of Business 5545 LEEWARD LANE NEW PORT RICHEY, FL 34652 US	Mailing Address 5545 LEEWARD LANE NEW PORT RICHEY, FL 34652 US
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2. Principal Place of Business 5298 MOSQUERO RD.	3. Mailing Address 5298 MOSQUERO RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SPRING HILL, FLORIDA	City & State SPRING HILL, FLORIDA
Zip 34606	Zip 34606
Country US	Country US

04132006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3134350	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 MCROBERT, CHARLES F 5545 LEEWARD LANE NEW PORT RICHEY, FL 34652
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7. Name and Address of New Registered Agent Name MCROBERT, CHARLES F. Street Address (P.O. Box Number is Not Acceptable) 5298 MOSQUERO RD. City SPRING HILL FL Zip Code 34606
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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 APRIL 17/2006 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCROBERT, CHARLES F 5545 LEEWARD LANE NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. MCROBERT, CHARLES F. 5298 MOSQUERO RD. SPRING HILL, FL. 34606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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.
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SIGNATURE: <i>Charles McRobert</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	APRIL 17/2006 727-846-0463 Date Daytime Phone #
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CHARLES MCROBERT