

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000065671

FILED
Aug 17, 2005
Secretary of State

Entity Name: QUALITY HEALTH CARE TRAINING ACADEMY INC.

Current Principal Place of Business:

6221 14TH STREET WEST
SUITE 207
BRADENTON, FL 34207 US

Current Mailing Address:

6221 14TH STREET WEST
SUITE 207
BRADENTON, FL 34207 US

New Principal Place of Business:

6513 14ST WEST SUITE 125
SUITE 207
BRADENTON, FL 34207 US

New Mailing Address:

6513 14TH ST WEST SUITE 125
SUITE 207
BRADENTON, FL 34207 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNES, LORI
6221 14TH ST W SUITE 207
BRADENTON, FL 34207 US

Name and Address of New Registered Agent:

BARNES, LORI
6513 14TH ST WEST SUITE 125
BRADENTON, FL 34207 US

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: LORI BARNES

08/17/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARNES, LORI
Address: 6221 14TH ST W SUITE 207
City-St-Zip: BRADENTON, FL 34207 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARNES, LORI
Address: 6513 14TH STREET WEST SUITE 125
City-St-Zip: BRADENTON, FL 34207 US

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: LORI BARNES

MAN

08/17/2005

Electronic Signature of Signing Officer or Director

Date