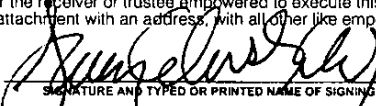


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90152 011 ***150.00

DOCUMENT # F99000002616 1. Entity Name QUANTUMSHIFT COMMUNICATIONS, INC.					
Principal Place of Business 12657 ALCOSTA BLVD #418 SAN RAMON, CA 94583			Mailing Address 12657 ALCOSTA BLVD #418 SAN RAMON, CA 94583		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 68-0426815			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TCS CORPORATE SERVICES, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO STORM, GARY 12647 ALCOSTA BLVD., #470 SAN RAMON, CA 94583	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO HILAL, SAMEER 12647 ALCOSTA BLVD., #470 SAN RAMON, CA 94583	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONDY, JOSEPH 12647 ALCOSTA BLVD., #470 SAN RAMON, CA 94583	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SARNEER, HILAL 12657 ALCOSTA BLVD #418 SAN RAMON, CA 94583	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hilal, Sameer	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hilal, Sameer	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hilal, Sameer	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hilal, Sameer	☒ Change ☐ 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.					
SIGNATURE:  Sameer Hilal 4/10/06 925-416-8757					