

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 A
Secretary of State

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**



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0426815

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**TCS CORPORATE SERVICES, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

not applicable - no change

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOP
STORM, GARY
12657 ALCOSTA BLVD., #418
SAN RAMON, CA 94583**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COO
HILAL, SAMEER
12657 ALCOSTA BLVD., #418
SAN RAMON, CA 94583**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CONDY, JOSEPH
12657 ALCOSTA BLVD., #418
SAN RAMON, CA 94583**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HILAL, SAMEER
12657 ALCOSTA BLVD #418
SAN RAMON, CA 94583**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000649109
03/07/07-80035-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sameer Hilal
Sameer Hilal

Date

Daytime Phone #

1-18-07 925-415-8737