
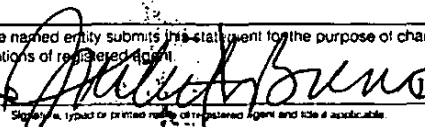
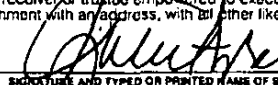


**FILED**  
**Jun 01, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90437 037 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P04000044572</b>			
1. Entity Name QUARTERTIME, INC.			
Principal Place of Business 13475 NORTH INDIAN RIVER DRIVE SEBASTAIN, FL 32958		Mailing Address 13475 NORTH INDIAN RIVER DRIVE SEBASTAIN, FL 32958	
2. Principal Place of Business 12924 N. Highway A1A		3. Mailing Address 12924 N. Highway A1A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Vero Beach, Florida		City & State Vero Beach, Florida	
32963-9419      Country US		Zip 32963-9419      Country US	
4. FEI Number 61-1472582		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRUNO, JULIET M 13475 NORTH INDIAN RIVER DRIVE SEBASTAIN, FL 32958		Name Juliet M. Bruno	
		Street Address (P.O. Box Number is Not Acceptable) 12924 N. Highway A1A	
		City Vero Beach      FL      Zip Code 32963-9419	
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: 		Juliet M. Bruno President      DATE: 4/27/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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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 exemption stated in Section 119.07(3)(f), 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: 		Juliet M. Bruno President      Date: 772-388-0222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date      Daytime Phone #	

66020437

