2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F04000004512

1. Entity Name
QUIVER HOLDINGS, INC.

Principal Place of Business	Mailing Address
101 CONVENTION CENTER DR. #700 LAS VEGAS, NV 89109	319 CLEMATIS ST. STE. 408A WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

01062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
20-0371607	Not Applicable

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

6. Name and Address of Current Registered Agent

NORVELL & FINE, P.L.
319 CLEMATIS STE. 217
WEST PALM BEACH, FL 33401

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 _____ J. ANDREW FINE, ESQ. _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE 1/10/05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	CDPS
NAME	POTTER, MICHAEL L ESQ
STREET ADDRESS	101 CONVENTION CENTER DR. #700
CITY-ST-ZIP	LAS VEGAS, NV 89109

TITLE	VP
NAME	MANN, DANIEL
STREET ADDRESS	2824 LANDAU CT
CITY-ST-ZIP	HENDERSON, NV 89074

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Daniel Mann, VP _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/05   702 617 1265
Date   Daytime Phone #