

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000062771

FILED  
Apr 06, 2011  
Secretary of State

Entity Name: QUANTUM BENEFITS GROUP INC.

**Current Principal Place of Business:**

4833 OKEECHOBEE BLVD.  
106A  
WEST PALM BEACH, FL 33417

**New Principal Place of Business:**

**Current Mailing Address:**

4833 OKEECHOBEE BLVD.  
106A  
WEST PALM BEACH, FL 33417

**New Mailing Address:**

FEI Number: 65-1020659

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LARIVIERE, BRIAN T  
4901 PALM BEACH BLVD  
#102  
FT MYERS, FL 33905 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LARIVIERE, BRIAN T  
Address: 4901 PALM BEACH BLVD #102  
City-St-Zip: FT MYERS, FL 33905

Title: VP  
Name: CARNEGIE, AMANDA N  
Address: 4833 OKEECHOBEE BLVD # 106A  
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby 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 all other like empowered.

SIGNATURE: AMANDA CARNEGIE

VP

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date