


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 14, 2006 08:00 AM  
Secretary of State

|   |   |
|---|---|
| DOCUMENT # 676369<br>1. Entity Name<br>QUINTUS COMMUNICATIONS GROUP, INC. |  |
|---|---|

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| Principal Place of Business<br>104 S CRANDON BLVD.<br>STE 424<br>KEY BISCAVNE FL 33149<br>US | Mailing Address<br>P.O. BOX 943<br>KEY BISCAVNE FL 33149<br>US |
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|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

1st MOORE CR2E034 (10/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-2016563 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>NATIONAL REGISTERED AGENTS, INC.<br>501 BRICKELL KEY DR.<br>SUITE 602<br>MIAMI FL 33131 |
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| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
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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 _____<br><small>Signature: typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|

|  |   |
|--|---|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee Will Be \$550.00<br>Make Check Payable to Florida Department of State | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| 10. OFFICERS AND DIRECTORS                   |  |
|--|--|
| TITLE .. VSD <input type="checkbox"/> Delete |  |
| NAME SOLER, ANA P                            |  |
| STREET ADDRESS 120 BUTTONWOOD                |  |
| CITY-ST-ZIP KEY BISCAVNE FL                  |  |
| TITLE PD <input type="checkbox"/> Delete     |  |
| NAME SOLER, FRANK R                          |  |
| STREET ADDRESS 120 BUTTONWOOD                |  |
| CITY-ST-ZIP KEY BISCAVNE FL                  |  |
| TITLE <input type="checkbox"/> Delete        |  |
| NAME   |  |
| STREET ADDRESS                               |  |
| CITY-ST-ZIP                                  |  |
| TITLE <input type="checkbox"/> Delete        |  |
| NAME   |  |
| STREET ADDRESS                               |  |
| CITY-ST-ZIP                                  |  |
| TITLE <input type="checkbox"/> Delete        |  |
| NAME   |  |
| STREET ADDRESS                               |  |
| CITY-ST-ZIP                                  |  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11              |  |
|--|--|
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME   |  |
| STREET ADDRESS   |  |
| CITY-ST-ZIP  |  |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME   |  |
| STREET ADDRESS   |  |
| CITY-ST-ZIP  |  |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME   |  |
| STREET ADDRESS   |  |
| CITY-ST-ZIP  |  |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME   |  |
| STREET ADDRESS   |  |
| CITY-ST-ZIP  |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 life empowered.

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| SIGNATURE: <u>Frank Soler</u> <u>FRANK SOLER</u> <u>4/11/06</u> <u>305-361-373</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |