2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 676369

1. Entity Name
QUINTUS COMMUNICATIONS GROUP, INC.

Principal Place of Business	Mailing Address
104 S CRANDON BLVD. STE 424 KEY BISCAYNE, FL 33149 US	P.O. BOX 943 KEY BISCAYNE, FL 33149 US

DO NOT WRITE IN THIS SPACE

04082007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2016563	Not Applicable

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

6. Name and Address of Current Registered Agent

NATIONAL REGISTERED AGENTS,INC.
501 BRICKELL KEY DR.
SUITE 602
MIAMI, FL 33131

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

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 ☐	U000000702894 04/20/07-80118-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	SOLER, ANA P
STREET ADDRESS	120 BUTTONWOOD
CITY-ST-ZIP	KEY BISCAYNE, FL
TITLE	PD
NAME	SOLER, FRANK R
STREET ADDRESS	120 BUTTONWOOD
CITY-ST-ZIP	KEY BISCAYNE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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 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 all other like empowered.

SIGNATURE: _____   7/08/07   305-361-9088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #