2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

Apr 11, 2005 8:00 am Secretary of State DOCUMENT # J40610 04-11-2005 90172 011 ***158.75 QUANTUM MARKETING, INC. Principal Place of Business Mailing Address 20032230 3606 CRAFTSMAN BLVD 3606 CRAFTSMAN BLVD LAKELAND, FL 33803 US LAKELAND, FL 33803 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052005 Cha-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-2731668 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent-Name WILLIS, LARRELL I. Street Address (P.O. Box Number is Not Acceptable) 3606 CRAFTSMAN BLVD. LAKELAND, FL 33803 City Zip Code 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. 1 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE Addition XX Change Chairman/Director WILLIS, LARRELL I. NAME Willis, Larrell I. 411 LONE PALM STREET ADDRESS STREET ADDRESS 411 Lone Palm Drive CITY-ST-ZIP LAKELAND, FL CITY-ST-ZIP Lakeland, FL 33815 DVS Delete TITLE COO/Sec./Treas./Director ☐ Addition XX Change WILLIS, JOHN D. NAME NAME Willis, John D. STREET ADDRESS 810 FAIRLINGTON DRIVE STREET ADDRESS 810 Fairlington Drive LAKELAND, FL 338131232 CITY-ST-ZIP CITY-ST-7IP Lakeland, FL 33813 President/CEO/Director TITLE-- -- + ☐ Deiete -☐ Change XAddition Willis, Shane I. NAME NAME 4910 Elam Road STREET ADDRESS STREET ADDRESS Lakeland, FL CITY-ST-ZIP CITY-ST-ZIP 33813 TITLE ☐ Delete TITLE Vice Chairman/Director ☐ Change ***Addition NAME NAME Nicholson, John H. STREET ADDRESS 4902 Forecastle Drive STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP New Port Richey, FL 34652 Vice President/CFO ☐ Delete TITLE TITLE Change XX Addition NAME Cato, James R. NAME 1425 Hallam Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lakeland, FL 33813 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED