2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004
Secretary of State

DOCUMENT# K33031

Entity Name: QUICKQUOTE, INC.

Current Principal Place of Business:

5300 NW 33RD AVENUE
#114
FT. LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

5300 NW 33RD AVENUE
114
FT. LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 65-0070885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAUNDERS, IRA
5300 NW 33RD AVENUE
114
FT. LAUDERDALE, FL 33309 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTS ( ) Delete
Name: SAUNDERS, IRA
Address: 5300 NW 33RD AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: VPD ( ) Delete
Name: MALIS, GERRY
Address: 5300 NW 33RD AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: SD (X) Delete
Name: MALIS, MARK
Address: 5300 NW 33RD AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: SAUNDERS, IRA
Address: 5300 NW 33RD AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: VPD (X) Change ( ) Addition
Name: MALIS, MARK A
Address: 5300 NW 33RD AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: IRA SAUNDERS PTSD 01/22/2004

Electronic Signature of Signing Officer or Director — Date