2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 29, 2005 08:00 AM **DOCUMENT # L02000025051 Secretary of State** 1. Entity Name QUANTUM BIO ENERGETIC BALANCING, L.L.C. Principal Place of Business Mailing Address 401 FOREST PARK CIRCLE 401 FOREST PARK CIRCLE LONGWOOD, FL 32779 LONGWOOD, FL 32779 04222005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1650586 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LEFKOWITZ, IVAN M DO NOT WRITE 430 NORTH MILLS AVENUE ORLANDO, FL 32803 IN THIS SPACE 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 Filing Fee is \$50.00 Due by May 1, 2005 - MANAGING MEMBERS/MANAGERS 9. TILE NAME WILLIAMSON, SANDRA STREET ADDRESS 401 FOREST PARK CR. CITY-ST-ZIP LONGWOOD, FL 32779 U00000341382 04/29/05-80013-021 50.00 MGR TITLE NAME WILLIAMSON, TODD 761 BRIGHAM AVE STREET ADDRESS CITY.ST. 70 SANTA ROSA, CA 95401 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

STREET ADDRESS CITY-ST-ZIP

^{11.} 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.