2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027819

Entity Name: QUANTUM BUSINESS CONSULTANTS, LLC

FILED Jun 29, 2006 Secretary of State

C/O LINDA SPILLER 4464 W. GANDY BLVD. 5045 34TH ST, UNIT 711 #4-119

ST PETERSBURG, FL 33711 TAMPA, FL 33611

Current Mailing Address: New Mailing Address:

C/O LINDA SPILLER 4464 W. GANDY BLVD. 5045 34TH ST, UNIT 711 #4-119
ST PETERSBURG, FL 33711 TAMPA, FL 33611

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAW FIRM OF ROBERT D. ECKARD & ASSOC., P.A 3110 ALT. U.S. 19 N, SUITE A PALM HARBOR, FL 34683 US

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

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 SPILLER, THOMAS
 Name:

 Address:
 11266 WEST HILLSBOROUGH AVE., SUITE #323
 Address:

 City-St-Zip:
 TAMPA, FL 33635
 City-St-Zip:

Title: ST () Delete Title: () Change () Addition

Name:SPILLER, THOMASName:Address:11266 WEST HILLSBOROUGH AVE., SUITE #323Address:City-St-Zip:TAMPA, FL 33635City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: THOMAS D. SPILLER MGR 06/29/2006