

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # L73216

1. Entity Name

QUADWORKS, INC.



**FILED
Apr 23, 2004 8:00 am
Secretary of State**

04-23-2004 90243 028 ***150.00

Principal Place of Business
% JUDITH M. CHRISTIANSON
1314 10TH ST.
SARASOTA FL 34236

2. Principal Place of Business
15855 Waterline Rd

Suite, Apt. #, etc.

3. Mailing Address
15855 Waterline Rd

Suite, Apt. #, etc.

City & State
Bradenton FL

City & State
Bradenton FL

Zip
34212

Zip
34212

Country
USA

Country
USA

6. Name and Address of Current Registered Agent

CHRISTIANSON, JUDITH M.
1314 10TH ST.
SARASOTA FL 34236

4. FEI Number
65-0191574

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

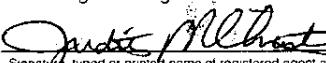
Street Address (P.O. Box Number is Not Acceptable)

15855 Waterline Rd

City
Bradenton

FL Zip Code
34212

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  Judith M. Christianson

(NOTE: Registered Agent signature required when reinstating)

DATE 4/13/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution
 \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHRISTIANSON, JUDITH M. 15855 WATERLINE RD BRADENTON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
------------------------------------------------	----------------------------------------------------------------------	---------------------------------	------------------------------------------------	-------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV GRIFFIN, PATRICIA A. 15855 WATERLINE RD BRADENTON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
------------------------------------------------	-------------------------------------------------------------------	---------------------------------	------------------------------------------------	------------------------------------------------------------------------------

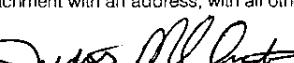
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTRANSON, JOSHUA P 2528 RESERVE PLACE BRADENTON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
------------------------------------------------	-------------------------------------------------------------------	---------------------------------	------------------------------------------------	------------------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
------------------------------------------------	--	---------------------------------	------------------------------------------------	-------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
------------------------------------------------	--	---------------------------------	------------------------------------------------	-------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
------------------------------------------------	--	---------------------------------	------------------------------------------------	-------------------------------------------------------------------

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.

SIGNATURE:  Judith M. Christianson 4/13/04 941-742-2884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #