

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000351

FILED
Jan 28, 2008
Secretary of State

Entity Name: QUANTUM LEAP FARM, INC.

Current Principal Place of Business:

10504 WOODSTOCK RD.
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

10504 WOODSTOCK RD.
ODESSA, FL 33556

New Mailing Address:

FEI Number: 59-3469464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HICKS, ALLISON ESQ
3550 BUSCHWOOD PARK DR.
SUITE 320
TAMPA, FL 33618 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOPKING, EDIE E DR.
Address: 10504 WOODSTOCK RD.
City-St-Zip: ODESSA, FL 33556 US

Title: CFO () Delete
Name: REEDY, LISA
Address: 11112 ELMFIELD DRIVE
City-St-Zip: TAMPA, FL 33625 US

Title: VP () Delete
Name: SKINNER, ROBERTA
Address: 9520 AQUA LANE
City-St-Zip: ODESSA, FL 33556 US

Title: CS () Delete
Name: AICH, INGRID
Address: 19036 BLAKE ROAD
City-St-Zip: ODESSA, FL 33556 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: CS (X) Change () Addition
Name: DIANA, MARY
Address: 18606 BARTON DRIVE
City-St-Zip: LUTZ, FL 33548 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA REEDY

CFO

01/28/2008

Electronic Signature of Signing Officer or Director

Date