


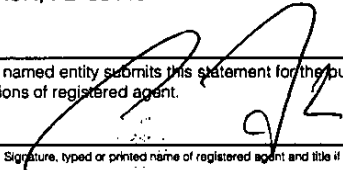
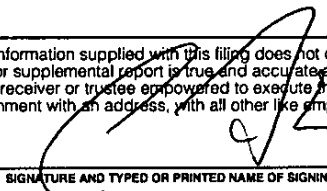
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90416 037 ***150.00

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| DOCUMENT # P00000017411 | |  | |
| 1. Entity Name QUOTECONNECT INC. | | | |
| Principal Place of Business 1570 MADRUGA AVENUE SUITE 201 CORAL GABLES, FL 33146 | | Mailing Address 4501 PRAIRIE AVENUE #2 MIAMI BEACH, FL 33140 | |
| 2. Principal Place of Business | | 3. Mailing Address 1570 Madrug Avenue | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Suite 201 | |
| City & State | | City & State Coral Gables, FL | |
| Zip | Country | Zip | Country |
| 33146 | USA | 33146 | USA |
| 4. FEI Number 65-1007126 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GORDON, CHRISTOPHER 4501 PRAIRIE AVENUE #2 MIAMI BEACH, FL 33140 | | 7. Name and Address of New Registered Agent Name: Gordon, Christopher Street Address (P.O. Box Number is Not Acceptable) 1570 Madrug Avenue, Suite 201 City: Coral Gables FL Zip Code: 33146 | |
| 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:  | | DATE: 4/28/05 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P GORDON, CHRISTOPHER 4021 NORTH MERIDIAN AVE MIAMI, FL 33140 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Gordon, Christopher 1570 Madrug Avenue, Suite 201 Coral Gables, FL 33146 <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 |
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| 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:  | | DATE: 4/28/05 (305) 662-7212 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |