

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000062771

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: QUANTUM BENEFITS GROUP INC.

## Current Principal Place of Business:

4833 OKEECHOBEE BLVD.  
106A  
WEST PALM BEACH, FL 33417

## New Principal Place of Business:

## Current Mailing Address:

4833 OKEECHOBEE BLVD.  
106A  
WEST PALM BEACH, FL 33417

## New Mailing Address:

FEI Number: 65-1020659

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARRECA, LISA A  
214 MONTEREY WAY  
ROYAL PALM BEACH, FL 33411

## Name and Address of New Registered Agent:

LARIVIERE, BRIAN T  
4901 PALM BEACH BLVD #102  
FT MYERS, FL 33905

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: BRIAN LARIVIERE

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BARRECA, LISA A  
Address: 214 MONTEREY WAY  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP (X) Delete  
Name: BARRECA, ERIC  
Address: 214 MONTEREY WAY  
City-St-Zip: ROYAL PALM BEACH, FL 33411

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LARIVIERE, BRIAN T  
Address: 4901 PALM BEACH BLVD #102  
City-St-Zip: FT MYERS, FL 33905

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN LARIVIERE

PRES

04/29/2004

Electronic Signature of Signing Officer or Director

Date