


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000074752
1. Entity Name
QUANTUM INVESTMENT SOLUTIONS, INC.



Principal Place of Business Mailing Address
2407 QUANTUM BLVD **2407 QUANTUM BLVD**
BOYNTON BCH, FL 33426 US **BOYNTON BCH, FL 33426 US**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-1027489 Not Applicable

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

6. Name and Address of Current Registered Agent

PILATO, MICHAEL J
2407 QUANTUM BLVD
BOYNTON BCH, FL 33426

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PILATO, MICHAEL J 7351 SOUTHAMPTON TERR. BOYNTON BCH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PILATO, LYNN C 7351 SOUTHAMPTON TERR. BOYNTON BCH, FL 33436
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Michael J Pilato Michael J. Pilato, PD 1/3/07 561-740-0631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #