

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000400

FILED
Mar 19, 2007
Secretary of State

Entity Name: QUANTUM WELLNESS CENTERS, INC.

Current Principal Place of Business:

2426 BEE RIDGE ROAD
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

2426 BEE RIDGE ROAD
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 65-1071829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULTE, ALLAN
2426 BEE RIDGE ROAD
SARASOTA, FL 34239 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDTS () Delete
Name: SCHULTE, ALLAN
Address: 2426 BEE RIDGE RD., STE A
City-St-Zip: SARASOTA, FL

Title: S () Delete
Name: SCHULTE, MARCIA
Address: 2426 BEE RIDGE RD
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: SCHULTE, ALLAN
Address: 2426 BEE RIDGE RD., STE A
City-St-Zip: SARASOTA, FL

Title: S (X) Change () Addition
Name: SCHULTE, MARCIA W
Address: 2426 BEE RIDGE RD
City-St-Zip: SARASOTA, FL 34239

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

SIGNATURE: ALLAN SCHULTE

PRES

03/19/2007

Electronic Signature of Signing Officer or Director

Date