

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000007015

FILED
Mar 24, 2007
Secretary of State

Entity Name: QUANTUM RESULTS NETWORK, INC.

Current Principal Place of Business:

5745 SW 75TH STREET NO 222
GAINESVILLE, FL 32608

New Principal Place of Business:

12921 SW 1ST ROAD
SUITE 107-111
TIOGA, FL 32669

Current Mailing Address:

5745 SW 75TH STREET NO 222
GAINESVILLE, FL 32608

New Mailing Address:

12921 SW 1ST ROAD
SUITE 107-111
TIOGA, FL 32669

FEI Number: 59-3691769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LILJEGREN, GARY A D
5745 SW 75TH STREET NO 222
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

LILJEGREN, GARY A D
12921 SW 1ST ROAD
SUITE 107-111
TIOGA, FL 32669 US

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: GARY A LILJEGREN

03/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LILJEGREN, GARY A
Address: 5745 SW 75TH STREET NO 222
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: KENDZIOR, TONY
Address: 1427 NW 110TH TERR
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: LILJEGREN, JANET B
Address: 5745 SW 75TH STREET NO 222
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LILJEGREN, GARY A
Address: 12921 SW 1ST ROAD, SUITE 107-111
City-St-Zip: TIOGA, FL 32669

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

Title: D (X) Change () Addition
Name: LILJEGREN, JANET B
Address: 12921 SW 1ST ROAD, SUITE 107-111
City-St-Zip: TIOGA, FL 32669

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: GARY A LILJEGREN

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03/24/2007

Electronic Signature of Signing Officer or Director

Date