

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000007015

FILED
Apr 20, 2008
Secretary of State

Entity Name: QUANTUM RESULTS NETWORK, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

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: 12921 SW 1ST ROAD, SUITE 107-111
City-St-Zip: TIOGA, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MORSE, BONNIE
Address: 310 SW 132ND TERRACE
City-St-Zip: TIOGA, FL 32669

I hereby certify that the information supplied with this filing does not qualify 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

D

04/20/2008

Electronic Signature of Signing Officer or Director

Date