


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90390 047 ***150.00

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| DOCUMENT # P01000060554 | |  |
| 1. Entity Name THE QUICKENING DEVELOPMENT GROUP, CORP. | | |

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| Principal Place of Business 330 GRECO AVE SUITE 107 CORAL GABLES, FL 33146 | Mailing Address 330 GRECO AVE SUITE 107 CORAL GABLES, FL 33146 |
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| 2. Principal Place of Business 330 Greco Ave. Suite, Apt. #, etc. Ste 102 | 3. Mailing Address PO Box 330537 Suite, Apt. #, etc. |
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| City & State Coral Gables FL | City & State Miami FL |
| Zip 33146 | Zip 33233 |
| Country USA | Country USA |



02202004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 30-0056921 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent EKONOMOU, NICHOLAS E 330 GRECO AVE SUITE 107 CORAL GABLES, FL 33146 <i>Change Suffix #</i> | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 330 Greco St. 102 City FL Zip Code | |
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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 <i>[Signature]</i> | DATE 4-13-04 |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | POST EKONOMOU, NICHOLAS 330 GRECO AVE SUITE 107 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 330 Greco Ave Ste 102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 the empowered. | |
| SIGNATURE: <i>[Signature]</i> | DATE 4-13-04 Daytime Phone # 860-1400 |