2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 12, 2006 8:00 am Secretary of State DOCUMENT # P01000:14373 04-12-2006 90087 050 ***150.00 QUANTUM DESIGNS, INC. Principal Place of Business Mailing Address 12358 BURGESS HILL DR JACKSONVILLE FL 32246 12358 BURGESS HILL DR JACKSONVILLE FL 32246 2. Principal Place of Business 3. Mailing Address 12361 Twin Sands TVau East 12361 TwinSandsTrail East Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number FL Jacksonulle, FL 65-1157683 Jacksonuwe Not Applicable 3²0246 Country \$8.75 Additional 35246 5. Certificate of Status Desired U.S.A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENSON, MARGARET J Street Address (P.O. Box Number is Not Acceptable) 12358 BURGESS HILL DR JACKSONVILLE FL 32246 12361 Twin Sands Trail East 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 Movement - Benson PreSignature, Mad or printed name of registered agent and little if applicable April 5,2006 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PTD TITLE TITLE Change Addition Delete NAME BENSON, MARGARET J NAME STREET ADDRESS 12358 BURGESS HILL DR STREET ADDRESS 12361 twin SandsTrail East CITY-ST-ZIP JACKSONVILLE FL 32246 CITY-ST-ZIP Jacksonulle, FL 32246 **VPSD** TITLE ☐ Delete TITLE Change Addition NAME BENSON, BRUCE NAME 12361 Twinsands Trail East STREET ADDRESS STREET ADDRESS 12358 BURGESS HILL DR CITY-ST-716 JACKSONVILLE FL 32246 CITY-ST-ZIP Jacksonvill, FL 322.46 1111.5 □ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Detete TITLE TATLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. If 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: Margaret J. Benson Margaret J. Benson President 4.5-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date

FILED