01/15/2004 17:38 516-935-5873 POLISEND

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State
01-23-2004 90043 005 ***150.00

DOCUMENT # P01000117999

1. Entity Name
QUANTUM GARDEN INC.

Principal Place of Business	Mailing Address
C/O NRAI SERVICES,INC 526 E PARK AVE TALLAHASSEE, FL 32301	C/O BLACKSTOCK 404 FAIRLAWN DR STOCK BTIDGE, GA 30281

2. Principal Place of Business	3. Mailing Address
C/O BLACKSTOCK	C/O BLACKSTOCK
Suite, Apt. #, etc. 404 FAIRLAWN DR	Suite, Apt. #, etc. 404 FAIRLAWN DR
City & State STOCKBRIDGE, GA	City & State STOCKBRIDGE, GA
Zip 30281 Country US	Zip 30281 Country US

01152004 Chg-P CR2E034 (10/03)

4. FEI Number
90-0001492
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BLACKSTOCK, JOANN 551 MADISON AVE. NEW YORK, NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BLACKSTOCK, JOANN 404 FAIRLAWN DR STOCKBRIDGE, GA 30281 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHARRON, ANGELA 729 TANGLEWOOD RD. WEST ISLIP, NY 11795	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS BERNSTEIN, RICHARD K 551 MADISON AVE. NEW YORK, NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 like empowered.

SIGNATURE: JOANN BLACKSTOCK 1/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #