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May 16, 2007 8:00 am
Secretary of State

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000029884

1. Entity Name
QUADRANT CAPITAL GROUP, INC.

Principal Place of Business	Mailing Address
515 NORTH FLAGLER DRIVE SUITE 300P WEST PALM BEACH, FL 33401	515 NORTH FLAGLER DRIVE SUITE 300P WEST PALM BEACH, FL 33401

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
501 FAULCONER DR.	501 Faulconer Dr.
Suite, Apt. #, etc. SUITE 1-A	Suite, Apt. #, etc. Suite 1-A
City & State CHARLOTTESVILLE, VA	City & State Charlottesville VA
Zip 22903 Country	Zip 22903 Country USA

03142007 Chg-P CR2E034 (12/06)

4. FEI Number 04-3631777 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARVEY, JEREMY G
515 NORTH FLAGLER DRIVE
SUITE 300P
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name Lahm D. Levine
Street Address (P.O. Box Number is Not Acceptable) 500 S. Australian Ave. #610
City West Palm Beach FL Zip Code 33401-6237

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 [signature] Mar. 13/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	D HARVEY, JEREMY G 515 NORTH FLAGLER DRIVE #300P WEST PALM BEACH, FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 501 Faulconer Dr. Suite 1A Charlottesville, VA 22903
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
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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 exemptions contained 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 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: [signature] J. Harvey 04/28/07 434-984-2265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #