2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000051207

1. Entity Name
QUANTUM MARKET RESEARCH, INC.

Principal Place of Business	Mailing Address
15400 EMERALD COAST PARKWAYS ST. THOMAS #7A DESTIN, FL 32541	15400 EMERALD COAST PARKWAYS ST. THOMAS #7A DESTIN, FL 32541

01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3667286
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARTER, STEPHEN T
15400 EMERALD COAST PARKWAYS
ST. THOMAS #7A
DESTIN, FL 32541

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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 _____ 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, 2007 Fee will be $550.00

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

U00000593775
01/22/07-80046-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	CARTER, STEPHEN T
STREET ADDRESS	15400 EMERALD COAST PKWY #7A
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	V
NAME	STREWLER-CARTER, JOAN
STREET ADDRESS	15400 EMERALD COAST PKWY #7A
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	P
NAME	GOODNIGHT, ALAN
STREET ADDRESS	527 BIRKDALE COURT
CITY-ST-ZIP	WICHITA, KS 67230
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/17/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #