


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P02000051207</b> 1. Entity Name <b>QUANTUM MARKET RESEARCH, INC.</b>	
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Principal Place of Business <b>15400 EMERALD COAST PARKWAYS ST. THOMAS #7A DESTIN, FL 32541</b>	Mailing Address <b>15400 EMERALD COAST PARKWAYS ST. THOMAS #7A DESTIN, FL 32541</b>
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01152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-3667286</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**CARTER, STEPHEN T  
15400 EMERALD COAST PARKWAYS  
ST. THOMAS #7A  
DESTIN, FL 32541**

**DO NOT WRITE  
IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000806749 02/06/08-80054-003 150.00</b>
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10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE  
IN THIS SPACE**

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:**  **1/29/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #