
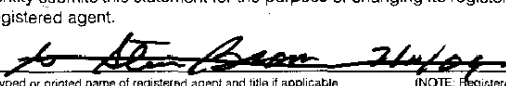
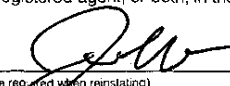
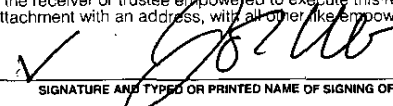


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90029 048 ***150.00

DOCUMENT # P02000070985 1. Entity Name QUINTALENTS MARKETING GROUP, INC.			
Principal Place of Business 200 E. ROBINSON STREET SUITE 500 ORLANDO, FL 32801		Mailing Address 200 E. ROBINSON STREET SUITE 500 ORLANDO, FL 32801	
2. Principal Place of Business 430 S. Wymore Road Suite, Apt. #, etc.		3. Mailing Address 20 N Orange Ave Suite, Apt. #, etc. Suite 407	
City & State Altamonte Springs, FL Zip 32714		City & State Zip Country	
4. FEI Number 04-3697983		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRY, STONER, DELANCETT & BROWN, P.A. 20 N. ORANGE AVENUE ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name JOHN WASMAN Street Address (P.O. Box Number is Not Acceptable) 430 S. WYMORE ROAD Suite 407 City ALTAMONTE SPRINGS FL Zip Code 32714	
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  2/14/04  2/14/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD WASMAN, JOHN 430 S. WYMORE RD. ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMMINO, JIM 7649 DEBEAUBIEN DRIVE ORLANDO, FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASMAN, TIM 4023 MELISSA DRIVE LAKE OSWEGO, OR 97034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEURET, WILLIAM R 430 S. WYMORE RD ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KALKHURST, DILLON 608 HEATHER BRITE CIRCLE APOPKA, FL 32712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date 2/12/04 Daytime Phone # 407 862 4410	

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