


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000108298		
1. Entity Name QUINTESSENCE, INC.		

FILED

05 MAR 24 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business PO BOX 13355 TALLAHASSEE, FL 32317-3355	Mailing Address PO BOX 13355 TALLAHASSEE, FL 32317-3355
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2. Principal Place of Business 3020 Stillwood Ct.	3. Mailing Address P.O. Box 13355
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Tallahassee, FL	City & State Tallahassee, FL 32317
Zip 32308	Country

03242005 Chg-P CR2E034 (10/03)

4. FEI Number 04-3739658	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 SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *M. Kathleen O'Connor* DATE *3/24/05*

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAYEL, SUZANNE H 1711 RIVERBIRCH HOLLOW TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Layel, Suzanne H.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3020 Stillwood Ct.</i> <i>Tallahassee, FL 32308</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD O'CONNOR, MARY C 1711 RIVERBIRCH HOLLOW TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>O'Connor Mary C.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>8088 Lynn Circle, 101</i> <i>Manassas, VA 20105</i>
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
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
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
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)(f), 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: *M. Kathleen O'Connor* DATE *3/24/05* 703-367-8917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR