

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 10, 2009  
Secretary of State**

DOCUMENT# P02000108804

Entity Name: QUANTUM IMPROVEMENTS, INC.

**Current Principal Place of Business:**

10235 LEXINGTON ESTATES BOULEVARD  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

10235 LEXINGTON ESTATES BOULEVARD  
BOCA RATON, FL 33428

**New Mailing Address:**

FEI Number: 13-4215280      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAMBURG, STEVEN J  
10235 LEXINGTON ESTATES BOULEVARD  
BOCA RATON, FL 33428      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: HAMBURG, STEVEN J  
Address: 10235 LEXINGTON ESTATES BOULEVARD  
City-St-Zip: BOCA RATON, FL 33428

Title: V      ( ) Delete  
Name: HAMBURG, KRISTIE L  
Address: 10235 LEXINGTON ESTATES BOULEVARD  
City-St-Zip: BOCA RATON, FL 33428

Title: SEC      ( ) Delete  
Name: GONZALEZ, EDWARD G  
Address: 211 S.W. 95TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TREA      ( ) Change (X) Addition  
Name: PRIZE, ALEXANDER  
Address: 8295 NW 8 PL  
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN J HAMBURG

P

05/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date