


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90097 034 ***150.00

DOCUMENT # P03000067784

1. Entity Name
QUANTUM LEARNING USA, INC.



40047816



03282005 Chg-P CR2E034 (10/03)

Principal Place of Business
205 W DAVIE BLVD
C
FORT LAUDERDALE, FL 33315

Mailing Address
205 W DAVIE BLVD
C
FORT LAUDERDALE, FL 33315

2. Principal Place of Business
4010 NE 18 AVENUE
 Suite, Apt. #, etc.

3. Mailing Address
4010 NE 18 AVENUE
 Suite, Apt. #, etc.

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

Zip **33064** Country

Zip **33064** Country

4. FEI Number
41-2106580

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MAGINN, NICOLA
205 W DAVIE BLVD
C
FORT LAUDERDALE, FL 33315

7. Name and Address of New Registered Agent
 Name **MAGINN, NICOLA**
 Street Address (P.O. Box Number is Not Acceptable)
4010 NE 18 AVENUE
 City **POMPANO BEACH FL** Zip Code **33064**

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 *N. Maginn (President)* (NOTE: Registered Agent signature required when reinstating) DATE 3.31.05

9. Election Campaign Financing Trust Fund Contribution. **\$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	P MAGINN, NICOLA 1181 SE 6 AVE DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAGINN, NICOLA 4010 NE 18 AVENUE POMPANO BEACH, FL 33064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAGINN, BARRY 1181 SE 6 AVE DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAGINN, BARRY 4010 NE 18 AVENUE POMPANO BEACH, FL 33064 <input checked="" 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
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: *N. Maginn* **3.31.05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #