## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000010348

Entity Name: QUATRUM, INC.

City-St-Zip:

BOCA RATON, FL

FILED Feb 01, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	TLANTIC BLVI O BEACH, FL				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	TLANTIC BLVI O BEACH, FL				
FEI Number	: 65-0387001	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	R, IRWIN FLANTIC BLVI O BEACH, FL				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MAJZNER, DO	CREEK CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DVT ( MAJZNER, IRV 2344 TIMBERO BOCA RATON,	CREEK CR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV ( MAJZNER, DO 2344 TIMERCI BOCA RATON,	REEK CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	IRWIN, MAJZN	) Delete IER CREEK CIRCLE	Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: IRWIN MAJZNER DVT 02/01/2006