2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000010348

Entity Name: QUATRUM, INC

FILED Jan 11, 2007 Secretary of State

Entity Nar	me: QUATRU	IM, INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
3414 E. ATLANTIC BLVD. POMPANO BEACH, FL 33062				520 EATLANTIC AVNUE DELRAY BEACH, FL 33483	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3414 E. ATLANTIC BLVD. POMPANO BEACH, FL 33062				520 E ATLANTIC AVNUE DELRAY BEACH, FL 33483	
FEI Number:	: 65-0387001	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	R, IRWIN FLANTIC BLVE D BEACH, FL		MAJZNER, IRWIN 520 E ATLANTIC AVNI DELRAY BEACH, FL 3		
	named entity see of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: IRWIN MAJZNER				01/11/2007	
Electronic Signature of Registered Agent			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:	PDS () MAJZNER, DOI 2344 TIMBERO BOCA RATON,	REEK CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVT () MAJZNER, IRW 2344 TIMBERO BOCA RATON,	REEK CR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () MAJZNER, DOI 2344 TIMERCR BOCA RATON,	REEK CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DT () IRWIN, MAJZN) Delete ER	Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: IRWIN MAJZNER DT 01/11/2007

2344 TIMBERCREEK CIRCLE

BOCA RATON, FL

Address:

City-St-Zip: