

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000096248

FILED
Mar 27, 2006
Secretary of State

Entity Name: DYNAMIC QUANTUM MARKETING COMPANY

Current Principal Place of Business:

3810 NE 19TH ST. CIR.
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

410 WOODLAND RIDGE
DUBUQUE, IA 52003

New Mailing Address:

FEI Number: 59-3351659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILSON, THEODORE R
5345 SOUTHWICK DR.
TAMPA, FL 33624 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GILSON, ROBERT S
Address: 5345 SOUTHWICK DR.
City-St-Zip: TAMPA, FL 33624

Title: PSTD () Delete
Name: GILSON, THEODORE R
Address: 5345 SOUTHWICK DR.
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PSTD (X) Change () Addition
Name: GILSON, THEODORE R
Address: 3810 NE 19TH STREET CIRCLE
City-St-Zip: OCALA, FL 34470

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.

SIGNATURE: THEODORE R. GILSON

PRES

03/27/2006

Electronic Signature of Signing Officer or Director

_____ Date