


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90167 001 \*\*\*600.00

<b>DOCUMENT # P97000054623</b> 1. Entity Name <b>QUADRANT INVESTMENT BANKERS, INC.</b>																											
Principal Place of Business <b>515 N FLAGLER DR STE 300P WEST PALM BEACH, FL 33401</b>		Mailing Address <b>515 N FLAGLER DR STE 300P WEST PALM BEACH, FL 33401</b>																									
2. Principal Place of Business - No P.O. Box # <b>501 Faulconer Dr.</b>		3. Mailing Address <b>501 Faulconer Dr.</b>																									
Suite, Apt. #, etc. <b>Suite 1-A</b>		Suite, Apt. #, etc. <b>Suite 1-A</b>																									
City & State <b>Charlottesville VA</b>		City & State <b>Charlottesville VA</b>																									
Zip <b>22903</b>		Zip <b>22903</b>																									
Country 		Country 																									
4. FEI Number <b>59-3459441</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>HARVEY, JEREMY G 515 N FLAGLER DR STE 300P WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent Name <b>Bahm J. Lewis</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 S. Australian Ave.</b> Suite <b>610</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33411-6237</b>																									
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 <b>Bahm J. Lewis</b> DATE <b>Apr. 24/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">CDS</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HARVEY, JEREMY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>515 N. FLAGLER DRIVE, SUITE 300P</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>WEST PALM BEACH, FL 33401</td> <td></td> </tr> </table>		TITLE	CDS	<input type="checkbox"/> Delete	NAME	HARVEY, JEREMY		STREET ADDRESS	515 N. FLAGLER DRIVE, SUITE 300P		CITY - ST - ZIP	WEST PALM BEACH, FL 33401		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">501 Faulconer Dr. Suite 1A</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Charlottesville, VA 22903</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	501 Faulconer Dr. Suite 1A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Charlottesville, VA 22903		STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <b>[Signature]</b> DATE: <b>04/24/07</b> DAYTIME PHONE #: <b>434 984 2265</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											