

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 24, 2005 8:00 am
Secretary of State**

03-24-2005 90036 044 ***150.00

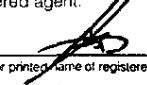
DOCUMENT # P97000068672		
1. Entity Name QUANTUM INSURANCE GROUP, INC.		

Principal Place of Business 5740 HOLLYWOOD BLVD SUITE 104 HOLLYWOOD, FL 33021 US	Mailing Address 5740 HOLLYWOOD BLVD SUITE 104 HOLLYWOOD, FL 33021 US
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VENTRY, LYNNE S K ESQ 185 NW SPANISH RIVER BLVD STE 290 BRYANT, FL 33439		Name <i>VICTOR H. QUIJANO</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>5740 Hollywood Blvd #104</i>	
		City <i>Hollywood</i>	FL Zip Code <i>33021</i>

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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE *3/18/05*

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUIJANO, VICTOR H 6751 NW 193RD LANE MIAMI, FL 33015	<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
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *3/18/05 884-762-6585* Date Daytime Phone #