## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000099251

Entity Name: QUANTAL TECHNOLOGIES, INC.

FILED Apr 26, 2008 Secretary of State

Name and Address of Current Registered Agent:  DORNBOS, NANCY S 285 CAMELLA TERRACE INDIAN HARBOR BEACH, FL 32937 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  Election Campaign Financing Trust Fund Contribution ( ).						
MELBOÜRNE, FL 32936 US  New Mailing Address:  New Mailing Address:  New Mailing Address:  New Mailing Address:  PO BOX 360071  MELBOURNE, FL 32936 US  FEI Number: 59-3593963 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desi  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent  DORNBOS, NANCY S 285 CAMELLA TERRACE  INDIAN HARBOR BEACH, FL 32937 US  The above named entity submits this statement for the purpose of changing its registered office or registered agen in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Name:  REAM, DAVID S  Name:  REAM, DAVID S  Name:  Address:  City-St-Zip:  MELBOURNE BEACH, FL 32951 US  City-St-Zip:  MELBOURNE BEACH, FL 32952 US  City-St-Zip:  MERRITT ISLAND, FL 32952 US  City-St-Zip:  MERRITT ISLAND, FL 32952 US  City-St-Zip:  Title:  V (X) Delete  Title:  Name:  Address:  City-St-Zip:  Title:  V (X) Delete  Title:  Name:  Address:  City-St-Zip:  Title:  V (X) Delete  Title:  Name:  Address:  City-St-Zip:  Title:  Name:  Address:  City-St-Zip:  Title:  Address:  City-St-Zip:  Title	Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
PO BOX 360071 MELBOURNE, FL 32936 US  FEI Number: 59-3593963 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desi Name and Address of Current Registered Agent:  Name and Address of New Registered Agent  DORNBOS, NANCY S 285 CAMELLA TERRACE INDIAN HARBOR BEACH, FL 32937 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  Electronic Signature of Registered Agent  Date  Date  Electronic Signature of Registered Agent  Date  Date  Electronic Signature of Registered Agent  Date  Electronic Signature of Registered Agen			US			
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Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Title: P ( ) Delete Name: REAM, DAVID S Address: PO BOX 360071 Address: City-St-Zip: MELBOURNE BEACH, FL 32951 US  Title: V (X) Delete Name: PHILLIP, DORNELL Address: 26 BRANDY LN City-St-Zip: MERRITT ISLAND, FL 32952 US  Title: V (X) Delete Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: MERRITT ISLAND, FL 32952 US  Title: V (X) Delete Title: ( ) Change ( ) Addition Name: BLACK, OWEN Name: BLACK, OWEN Name: BLACK, OWEN Address: 5973 BENT PINE DR  Address: 5973 BENT PINE DR	285 CAMI INDIAN H The above	ELLA TERRACE HARBOR BEACH, re named entity su	, FL 32937 US	purpose of changing its registere	ed office or registered agent, or both,	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  Title: P ( ) Delete Title: ( ) Change ( ) Addition Name: Address: PO BOX 360071 Address: City-St-Zip: MELBOURNE BEACH, FL 32951 US City-St-Zip:  Title: V (X) Delete Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: MERRITT ISLAND, FL 32952 US City-St-Zip: MERRITT ISLAND, FL 32952 US City-St-Zip: Mame: BLACK, OWEN Name: BLACK, OWEN Name: BLACK, OWEN Address: 5973 BENT PINE DR						
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	Name: Address:	BLACK, OWÈN 5973 BENT PINE		Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: DAVID S REAM P 04/26/2008