2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2004 8:00 am
Secretary of State
05-04-2004 90199 007 ***150.00

DOCUMENT # P98000066977

1. Entity Name
QUANTUM REALTY, INC.

Principal Place of Business	Mailing Address
712 U.S. HIGHWAY ONE #400 NORTH PALM BEACH, FL 33408	712 U.S. HIGHWAY ONE #400 NORTH PALM BEACH, FL 33408

66427770

03102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2500 Quantum Lakes Drive		2500 Quantum Lakes Drive	
Suite, Apt. #, etc. Suite #101		Suite, Apt. #, etc. Suite #101	
City & State Boynton Beach, FL		City & State Boynton Beach, FL	
Zip 33426	Country USA	Zip 33426	Country USA

4. FEI Number 65-0859781 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGILLICUDDY, THOMAS A
2500 QUANTUM LAKES DR., STE 101
BOYNTON BEACH, FL 33426

7. Name and Address of New Registered Agent

Name Douglas B. MacDonald
Street Address (P.O. Box Number is Not Acceptable) 2500 Quantum Lakes Drive
Suite 101
City Boynton Beach FL Zip Code 33426

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] 04/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCGILLICUDDY, THOMAS 2500 QUANTUM LAKES DRIVE - SUITE 101 BOYNTON BEACH, FL 33426	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr. Douglas B. MacDonald 2500 Quantum Lakes Drive, Suite 101 Boynton Beach, FL 33426	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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] 04/28/04 561-740-2447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #