

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90162 028 ***150.00

DOCUMENT # P99000063811 1. Entity Name THE QUAMMEN GROUP, INC.					
Principal Place of Business 1400 S. ORLANDO AVENUE SUITE 204 WINTER PARK, FL 32789			Mailing Address 1400 S. ORLANDO AVENUE SUITE 204 WINTER PARK, FL 32789		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country USA		Zip	
Country USA		Zip		Country USA	
6. Name and Address of Current Registered Agent QUAMMEN, ROBECCA L 10446 AUTUMN GLEN COURT ORLANDO, FL 32836				7. Name and Address of New Registered Agent Name Rebecca Quammen Street Address (P.O. Box Number is Not Acceptable) 17708 CR 455 City Monterverde FL Zip 34756	
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 3/7/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD QUAMMEN, ROBECCA L 10446 AUTUMN GLEN CT ORLANDO, FL 32836	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	17708 CR 455 Monterverde, FL 34756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/7/05 Daytime Phone # 407-539-2015		