2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000063811

Entity Name: THE QUAMMEN GROUP, INC.

FILED Mar 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1400 S. ORLANDO AVENUE SUITE 204 WINTER PARK, FL 32789

Current Mailing Address: New Mailing Address:

1400 S. ORLANDO AVENUE SUITE 204 WINTER PARK, FL 32789

FEI Number: 59-3582071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

QUAMMEN, ROBECCA L
17708 CR 455
MONTVERDE, FL 34756
US
QUAMMEN, ROBECCA L
1400 S. ORLANDO AVENUE
SUITES 204
WINTER PARK, FL 32789 US

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.

SIGNATURE: ROBECCA L QUAMMEN 03/07/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition Name: QUAMMEN, ROBECCA L Name: QUAMMEN, ROBECCA L

Address: 17708 CR 455 Address: 1400 S. ORLANDO AVENUE SUITE 204

City-St-Zip: MONTVERDE, FL 34756 City-St-Zip: WINTER PARK, FL 32789 US

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

Name: QUAMMEN, LAWRENCE Name: QUAMMEN, LAWRENCE

 Address:
 17708 CR 455
 Address:
 1400 S. ORLANDO AVENUE SUITE 204

 City-St-Zip:
 MONTVERDE, FL 34756
 City-St-Zip:
 WINTER PARK, FL 32789 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBECCA L. QUAMMEN PSD 03/07/2006