2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000111776

1. Entity Name
QUADRANT VENTURE CAPITAL, INC.

Principal Place of Business	Mailing Address
515 N FLAGLER DR SUITE 300P WEST PALM BEACH, FL 33401	515 N FLAGLER DR SUITE 300P WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

04202006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1087371	Not Applicable

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

6. Name and Address of Current Registered Agent

HARVEY, JEREMY G
515 N FLAGLER DR SUITE 300P
WEST PALM BEACH, FL 33401

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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

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	CD
NAME	HARVEY, JEREMY G
STREET ADDRESS	515 N FLAGLER DRIVE SUITE 300P
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

U00000558240
05/17/06-80087-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _P.-A. Jeremy Harvey_   May 1/06   561-802-4163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #