

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90167 001 ***600.00

DOCUMENT # P99000111776

1. Entity Name
QUADRANT VENTURE CAPITAL, INC.



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

Mailing Address
**515 N FLAGLER DR SUITE 300P
WEST PALM BEACH, FL 33401**

66015210



2. Principal Place of Business - No P.O. Box #
501 Faulkner Dr.

3. Mailing Address
501 Faulkner Dr.

Suite, Apt. #, etc.
Suite 1A

Suite, Apt. #, etc.
Suite 1A

04242007 Chg-P CR2E034 (12/06)

City & State
Charlottesville VA

City & State
Charlottesville VA

4. FEI Number
65-1087371

Applied For
Not Applicable

Zip
22903

Country

Zip
22903

Country

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**

7. Name and Address of New Registered Agent

Name
Brahm J. Layne
Street Address (P.O. Box Number is Not Acceptable)
500 S. Australian Ave.
Suite 610
City
West Palm Beach FL Zip Code
33401-6237

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

Brahm J. Layne

Apr. 24/07

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HARVEY, JEREMY G 515 N FLAGLER DRIVE SUITE 300P WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 501 Faulkner Dr. Suite 1-A Charlottesville, VA 22903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 approval with all other like empowered.

SIGNATURE:

J. Harvey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/07 434.984.2265

Daytime Phone #