

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S48197

Entity Name: QUADCOMM ASSOCIATES, INC.

FILED  
Mar 08, 2011  
Secretary of State

**Current Principal Place of Business:**

5923 RIVERSIDE DR.  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

5923 RIVERSIDE DR.  
PORT ORANGE, FL 32127 US

**New Mailing Address:**

FEI Number: 59-3066832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORREALE, JOSEPH  
5923 RIVERSIDE DR.  
PORT ORANGE, FL 32127 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MORREALE, JOSEPH  
Address: 5923 RIVERSIDE DR.  
City-St-Zip: PORT ORANGE, FL 32127

Title: STV  
Name: MORREALE, DEBRA  
Address: 5923 RIVERSIDE DR.  
City-St-Zip: PORT ORANGE, FL 32127

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH MORREALE

P

03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date