


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000004512**

1. Entity Name  
**QUIVER HOLDINGS, INC.**



Principal Place of Business: **101 CONVENTION CENTER DR. #700  
LAS VEGAS, NV 89109**

Mailing Address: **319 CLEMATIS ST. STE. 408A  
WEST PALM BEACH, FL 33401**



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: **20-0371607** Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent

**NORVELL & FINE, P.L.  
319 CLEMATIS STE. 217  
WEST PALM BEACH, FL 33401**

**DO NOT WRITE  
IN THIS SPACE**

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]* **J. ANDREW FINE, ESQ.** DATE: 1/10/05

Signature, typed or printed name of registered agent and the 4 applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|                |                                |
|----------------|--------------------------------|
| TITLE          | CDPS                           |
| NAME           | POTTER, MICHAEL L ESQ          |
| STREET ADDRESS | 101 CONVENTION CENTER DR. #700 |
| CITY-ST-ZIP    | LAS VEGAS, NV 89109            |
| TITLE          | VP                             |
| NAME           | MANN, DANIEL                   |
| STREET ADDRESS | 2824 LANDAU CT                 |
| CITY-ST-ZIP    | HENDERSON, NV 89074            |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |

**DO NOT WRITE  
IN THIS SPACE**

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01/19/05-80008-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 approvals.

SIGNATURE: *[Signature]* **Daniel Mann VP** DATE: 1/6/05 DAYTIME PHONE #: 702 617 1265

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