


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000029884 1. Entity Name QUADRANT CAPITAL GROUP, INC.	
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Principal Place of Business 515 NORTH FLAGLER DRIVE SUITE 300P WEST PALM BEACH, FL 33401	Mailing Address 515 NORTH FLAGLER DRIVE SUITE 300P WEST PALM BEACH, FL 33401
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04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3631777	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HARVEY, JEREMY G 515 NORTH FLAGLER DRIVE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, JEREMY G 515 NORTH FLAGLER DRIVE #300P WEST PALM BEACH, FL 33401
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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: Jeremy G. Harvey May 11/06 561-802-4163  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #