

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-16-2007 90167 001 \*\*\*600.00

<b>DOCUMENT # P02000029884</b> 1. Entity Name <b>QUADRANT CAPITAL GROUP, INC.</b>			
Principal Place of Business <b>515 NORTH FLAGLER DRIVE SUITE 300P WEST PALM BEACH, FL 33401</b>		Mailing Address <b>515 NORTH FLAGLER DRIVE SUITE 300P WEST PALM BEACH, FL 33401</b>	
2. Principal Place of Business - No P.O. Box # <b>501 FAULKNER DR.</b>		3. Mailing Address <b>501 Faulconer Dr.</b>	
Suite, Apt. #, etc. <b>SUITE 1-A</b>		Suite, Apt. #, etc. <b>Suite 1-A</b>	
City & State <b>CHARLOTTESVILLE, VA</b>		City & State <b>Charlottesville VA</b>	
Zip <b>22903</b>		Zip <b>22903</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>04-3631777</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HARVEY, JEREMY G 515 NORTH FLAGLER DRIVE SUITE 300P WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent Name <b>Brahm D. Levine</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 S. Australian Ave. #610</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33401-6237</b>	
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 <b>Brahm D. Levine</b> DATE <b>Mar. 13/07</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-statuting)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>HARVEY, JEREMY G 515 NORTH FLAGLER DRIVE #300P WEST PALM BEACH, FL 33401</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>501 Faulconer Dr. Suite 1A Charlottesville, VA 22903</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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, 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, in the address, with all other like empowerments.			
SIGNATURE: <b>[Signature]</b> <b>J. Harvey</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

**04/28/07**  
**434. 984-2265**  
 Date Daytime Phone #