## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 26, 2007 08:00 AM DOCUMENT # P03000062565 **Secretary of State** 1. Entity Name MLUS, INC. Principal Place of Business Mailing Address **1777 BEGIN** 1777 BEGIN ST LAURENT, QUEBEC H4R 2B5 ST LAURENT, QUEBEC H4R 2B5 CANADA, CANADA, 01182007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 98-0416585 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NADEL, HOWARD B DO NOT WRITE 301 W HALLANDALE BCH BLVD HALLANDALE, FL 33009 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing U00000605438 \$5.00 May Be 01/30/07-80036-012 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE WENGER, MARTIN NAME STREET ADDRESS 1777 BEGIN CITY-ST-ZIP ST. LAURENT, PQ H4R 2B5 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon. 22/07 514-592-0244

FILED