

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000098084

**Entity Name:** QUICK FLIX INC.**Current Principal Place of Business:**4449 LADY HAWK WAY  
WEST MELBOURNE, FL 32904**Current Mailing Address:**4449 LADY HAWK WAY  
WEST MELBOURNE, FL 32904 US**FEI Number:** 27-1425835**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POOLE, SCOTT D  
4449 LADY HAWK WAY  
MELBOURNE, FL 32904 US*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**Officer/Director Detail :**

Title	CEO
Name	POOLE, SCOTT D
Address	4449 LADY HAWK WAY
City-State-Zip:	WEST MELBOURNE FL 32904

Title	D
Name	POOLE, SCOTT D
Address	4449 LADY HAWK WAY
City-State-Zip:	WEST MELBOURNE FL 32904

Title	D
Name	KRAEMER, NICOLE
Address	1031 INVERNESS AVE
City-State-Zip:	MELBOURNE FL 32940

Title	P
Name	POOLE, SCOTT D
Address	4449 LADY HAWK WAY
City-State-Zip:	WEST MELBOURNE FL 32904

Title	D
Name	GHORBANIHA, MEHRVASH
Address	740 CAROLIN STREET - APT. 303
City-State-Zip:	MELBOURNE FL 32901

Title	D
Name	KRAEMER, ERIC
Address	1031 INVERNESS AVE
City-State-Zip:	MELBOURNE FL 32904

*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:** SCOTT POOLE**PRESIDENT****04/02/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date