2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P02000039114

Entity Name: MC Q'S INC.

Current Principal Place of Business:

1200 MALABAR RD SE
SUITE #5
PALM BAY, FL 32907

New Principal Place of Business:

Current Mailing Address:

1073 CABOT DR. NE
PALM BAY, FL 32905

New Mailing Address:

1200 MALABAR RD SE
SUITE #5
PALM BAY, FL 32907

FEI Number: 04-3644293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLEAU, VICKI L
1073 CABOT DR. NE
PALM BAY, FL 32905

Name and Address of New Registered Agent:

MCQUARRIE, VICKI L
1200 MALABAR RD SE
SUITE #5
PALM BAY, FL 32907

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: VICKI L MCQUARRIE 04/27/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BLEAU, VICKI L
Address: 1073 CABOT DR. NE
City-St-Zip: PALM BAY, FL 32905

Title: D ( ) Delete
Name: BLEAU, VICKI L
Address: 1073 CABOT DR NE
City-St-Zip: PALM BAY, FL 32905

Title: T (X) Delete
Name: BLEAU, VICKI L
Address: 1073 CABOT DR NE
City-St-Zip: PALM BAY, FL 32905

Title: S (X) Delete
Name: MCQUARRIE, DAVID A
Address: 1073 CABOT DR NE
City-St-Zip: PALM BAY, FL 32905

Title: C (X) Delete
Name: MCQUARRIE, DAVID A
Address: 1073 CABOT DR NE
City-St-Zip: PALM BAY, FL 32905

Title: V (X) Delete
Name: MCQUARRIE, DAVID A
Address: 1073 CABOT DR NE
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: MCQUARRIE, VICKI L
Address: 1200 MALABAR RD SE #5
City-St-Zip: PALM BAY, FL 32907

Title: VS (X) Change ( ) Addition
Name: MCQUARRIE, DAVID A
Address: 1230 GRANT RD
City-St-Zip: GRANT, FL 32949

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VICKI L MCQUARRIE PT 04/27/2004
Electronic Signature of Signing Officer or Director Date