

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90236 031 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                 |         |                                                                                                                 |                                                                                                                                                                                                             |  |
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| DOCUMENT # P03000062565                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 |         |                                                                                                                 |                                                                                                                            |  |
| 1. Entity Name<br>MLUS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |         |                                                                                                                 |                                                                                                                                                                                                             |  |
| Principal Place of Business<br>1777 BEGIN<br>ST LAURENT, QUEBEC H4R 2B5<br>CANADA, XX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                 |         | Mailing Address<br>1777 BEGIN<br>ST LAURENT, QUEBEC H4R 2B5<br>CANADA, XX                                       |                                                                                                                                                                                                             |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 |         | 3. Mailing Address                                                                                              |                                                                                                                                                                                                             |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                 |         | Suite, Apt. #, etc.                                                                                             |                                                                                                                                                                                                             |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |         | City & State                                                                                                    |                                                                                                                                                                                                             |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                 | Country |                                                                                                                 | Zip                                                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                 |         |                                                                                                                 | Country                                                                                                                                                                                                     |  |
| 6. Name and Address of Current Registered Agent<br><br>NADEL, HOWARD B<br>800 CORPORATE DRIVE<br>420<br>FORT LAUDERDALE, FL 33334                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |         |                                                                                                                 | 7. Name and Address of New Registered Agent<br><br>Name: Howard B. Nadel<br>Street Address (P.O. Box Number is Not Acceptable): 301 W. Hallandale Beach Blvd.<br>City: Hallandale Beach, FL Zip Code: 33009 |  |
| 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.<br><br>SIGNATURE: <i>Howard B. Nadel</i> DATE: 4/18/2006<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                           |                                                                                                 |         |                                                                                                                 |                                                                                                                                                                                                             |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                                                                                                                             |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                           |                                                                                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>WENGER, MARTIN<br>1777 BEGIN<br>ST. LAURENT, PQ H4R 2B5<br><input type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                 |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                 |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                 |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                 |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                 |         | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: <i>Martin Wenger</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 |         | Date: Apr. 26/06 Daytime Phone #: 514-592-0244                                                                  |                                                                                                                                                                                                             |  |

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04192006 Chg-P CR2E034 (11/05)

4. FEI Number 98-0416585 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required