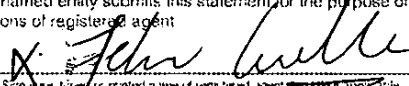
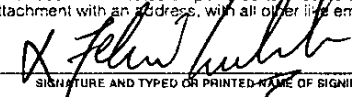


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90133 005 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |                                                                                         |                                                                                                                     |                                                                                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # P04000063210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |                                                                                         |                                                                                                                     |                                                                                                                                 |  |
| 1. Entity Name<br><b>MEL-LAURN QUICK SHOP, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |                                                                                         |                                                                                                                     |                                                                                                                                                                                                                  |  |
| Principal Place of Business<br><b>103 N MERIDIAN ST<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               |                                                                                         | Mailing Address<br><b>103 N MERIDIAN ST<br/>TALLAHASSEE, FL 32301</b>                                               |                                                                                                                                                                                                                  |  |
| 2. Principal Place of Business<br><b>2100 FIRST ST, NORTH</b><br><small>Suite, Apt. #, etc</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               | 3. Mailing Address<br><b>1542 WHITNEY ISLES DR</b><br><small>Suite, Apt. #, etc</small> |                                                                                                                     |                                                                                                                                                                                                                  |  |
| City & State<br><b>WINTER HAVEN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               | City & State<br><b>WINDERMERE</b>                                                       |                                                                                                                     | 4. FEI Number<br><b>20-1542095</b>                                                                                                                                                                               |  |
| Zip<br><b>33881</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               | Country<br><b>USA</b>                                                                   |                                                                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                  |  |
| Zip<br><b>33881</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               | Country<br><b>USA</b>                                                                   |                                                                                                                     | 6. Name and Address of Current Registered Agent<br><b>NATIONAL CORPORATE RESEARCH, LTD., INC.<br/>103 N MERIDIAN ST<br/>TALLAHASSEE, FL 32301</b>                                                                |  |
| Zip<br><b>33881</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               | Country<br><b>USA</b>                                                                   |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name <b>FELIX LABBAN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1542 WHITNEY ISLES DR</b><br>City <b>WINDERMERE</b> FL Zip Code <b>34786</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<br>SIGNATURE  DATE <b>3/15/05</b><br><small>Signature, if not, or printed name of registered agent and officer is acceptable. (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                 |                                                                                                               |                                                                                         |                                                                                                                     |                                                                                                                                                                                                                  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |                                                                                         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                               |                                                                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D<br>LABBAN, FELIX<br>4455 SHEPPARD AVE EAST - STE 209<br>TORONTO, OC M1S 3G9 <input type="checkbox"/> Delete |                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | 1542 WHITNEY ISLES DRIVE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>WINDERMERE, FL - 34786                                                                       |  |
| 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 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 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 lines empowered. |                                                                                                               |                                                                                         |                                                                                                                     |                                                                                                                                                                                                                  |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |                                                                                         | Date <b>3/15/05</b> Daytime Phone # <b>407-341-1001</b>                                                             |                                                                                                                                                                                                                  |  |