


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # F01000003705 1. Entity Name SYSTEMCORP A.L.G. LIMITED, INC.	
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Principal Place of Business 6969 TRANSCANADA HIGHWAY, #225 MONTREAL, QUEBEC CANADA H4T 1V8,	Mailing Address 6969 TRANSCANADA HIGHWAY, #225 MONTREAL, QUEBEC CANADA H4T 1V8,
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01072004 No Chg-P CR2E034 (10/03)

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4. FEI Number 98-0336002	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

BRUTON REGISTERED AGENTS INC.
4710 N.W. BOCA RATON BLVD., #101
BOCA RATON, FL 33431

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD KUGLER, ARI 2485 BADEAUX VILLA ST. LAURENT, QUE, CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENCHIMOL, JAIME 5825 WOLSELEY COTE ST. LUC, QUE., CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D'AMOURS, MICHEL 204TH RUE NOTRE DAME WEST, SUITE 400 MONTREAL, QUE., CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AMAR, SAMY 2276 BOURGOIN VILLE ST. LAURENT, QUE, CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELHADAD, SIDNEY 1 PACE VILLE MARIE, SUITE 1425 MONTREAL, QUEBEC, CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/15/04-80034-017 150.00

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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 like empowered.

SIGNATURE: SAMY AMAR SAMY AMAR 01/07/04 514.339.1067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #