

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005557

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: CIL US, INC.

**Current Principal Place of Business:**

29111 BUCHANAN DRIVE  
BAY VILLAGE, OH 44140

**New Principal Place of Business:**

**Current Mailing Address:**

MICHAEL SPECHT ,CPA  
420 LEXINGTON AVE #2150  
NEW YORK, NY 10170

**New Mailing Address:**

FEI Number: 13-4194392      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLUMBERG EXCELSIOR CORPORATE SERVICES, INC  
4435 OLD WINTER GARDEN RD  
ORLANDO, FL 32811 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: CAMUS, CYRIL  
Address: LAGITE ST. LAURENT DE COGNAL  
City-St-Zip: CHERAC FRANCE, FR BP01 1761

Title: S ( ) Delete  
Name: RICHARDSON, BRIAN  
Address: 1 THE PROMENADE HULLBRUDGE  
City-St-Zip: ESSEX ENGLAND, UK 55-56F

Title: TD ( ) Delete  
Name: FORTIN, LAURENT  
Address: 29111 BUCHANAN DRIVE  
City-St-Zip: BAY VILLAGE, OH 44140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 Chapter 119, 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: LAURENT FORTIN

TD

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date