


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90116 023 ***150.00

DOCUMENT # F06000007086

1. Entity Name
LULULEMON USA INC.



Principal Place of Business Mailing Address
~~826 COLLINS AVENUE~~ 2285 CLARK DRIVE
~~MIAMI BEACH, FL 33139~~ VANCOUVER CANADA, V5N -3G9

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2285 CLARK DRIVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
VANCOUVER, BC
 Zip Country Zip Country
V5N 3G9 **CANADA**



4. FEI Number Applied For
75-3060494 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD MEERS, ROBERT 2285 CLARK DRIVE VANCOUVER CANADA, V5N 3G9 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD WILSON, DENNIS 2285 CLARK DRIVE VANCOUVER CANADA, V5N 3G9 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition COOD DAY, CHRISTINE V5N 3G9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BACON, BRIAN 2285 CLARK DRIVE VANCOUVER CANADA, V5N 3G9 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CFOD CURRIE, JOHN V5N 3G9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOPKE, DARRELL 2285 CLARK DRIVE VANCOUVER CANADA, V5N 3G9 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY & TREASURER NEGUS, DAVID V5N 3G9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, STEVEN 75 STATE ST BOSTON, MA 02109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEMBERG, THOMAS 92 LAYDEN AVE LEXINGTON, MA 02421 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:  **DAVID NEGUS** **April 21, 2008** **604-732-6124**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #