

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001888

FILED
Apr 26, 2006
Secretary of State

Entity Name: KAYCAN LTD. INCORPORATED

Current Principal Place of Business:

402 BOYER CIRCLE
WILLISTON, VT 05495 US

New Principal Place of Business:

Current Mailing Address:

402 BOYER CIRCLE
WILLISTON, VT 05495 US

New Mailing Address:

FEI Number: 34-1649422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARELLEK, STEVEN
7000 W. PALMETTO PK. RD. #300
BOCA RATON, FL 33433 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: P () Delete
Name: DUBROFSKY, LIONEL
Address: 3075 TRANS CANADA HIGHWAY
City-St-Zip: POINTE CLAIRE, QC H9R1B4

Title: ST () Delete
Name: DUBROFSKY, TAMI
Address: 3075 TRANS CANADA HIGHWAY
City-St-Zip: POINTE CLAIRE, QU H9R1B4

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TAMI DUBROFSKY

ST

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date