

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005846

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: TRANSAT TOURS CANADA, INC.

## Current Principal Place of Business:

140 S FEDERAL HIGHWAY  
DANIA, FL 33004

## New Principal Place of Business:

300, LEO-PARISEAU STREET  
SUITE 200  
MONTREAL, QB H2X 4C2 CN

## Current Mailing Address:

140 S FEDERAL HIGHWAY  
DANIA, FL 33004

## New Mailing Address:

300, LEO-PARISEAU STREET  
SUITE 600  
MONTREAL, QB H2X 4C2 CN

FEI Number: 98-0175853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: DP ( ) Delete  
Name: CESARE, LINA D  
Address: 791 DE LA COMMUNE ST E #412  
City-St-Zip: MONTREAL, QUEBEC, H2Y 4A2

Title: D ( ) Delete  
Name: SUREAU, PHILIPPE  
Address: 12 PGNUELO  
City-St-Zip: OUTREMOUNT, QUEBEC, H2W 3B9

Title: PMD ( ) Delete  
Name: GODBOUT, DANIEL  
Address: 555 RAPIDE PLAT NORD  
City-St-Zip: ST HYACINTHE, QUEBEC, CANADA, J2S 8B1

Title: V ( ) Delete  
Name: PETRIN, DENIS  
Address: 32 DE MAINTENON  
City-St-Zip: BLAINVILLE, QUEBEC, J7B 1M6

Title: AS ( ) Delete  
Name: CHARYSZ, AGNIESZKA  
Address: 4476 ST CATHERINE WEST #304  
City-St-Zip: WESTMOUNT, QUEBEC, CANADA, H3Z 1R7

Title: DC ( ) Delete  
Name: EUSTACHE, JEAN-MARC  
Address: 18 HAZELWOOD  
City-St-Zip: OUTREMONT, QUEBEC, CANADA, H3T 1R3

## 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:

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 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 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: AGNIESZKA CHARYSZ

AS

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date