

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116796

FILED  
May 01, 2006  
Secretary of State

Entity Name: MERCURI INTERNATIONAL (USA) INC.

**Current Principal Place of Business:**

THE SUNTRUST BLDG.  
950 NORTH COLLIER BLVD., STE. 420  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

THE SUNTRUST BLDG.  
950 NORTH COLLIER BLVD., STE. 420  
MARCO ISLAND, FL 34145

**New Mailing Address:**

FEI Number: 06-1177717

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHAW, ROGER D  
301 PINEHURST CIRCLE  
NAPLES, FL 34113 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEMAITRE, JEAN-PIERRE  
Address: 281 DE LA COMMUNE  
City-St-Zip: MT, QC, H2Y 2E1

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

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: MARIE JULIE NICOLO

SEC

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date