

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000036557

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: AMCAN FASTENERS, INC.

**Current Principal Place of Business:**

3300 2 RUE  
SAINT-BRUNO QUEBEC,J3V 6B9, CA

**New Principal Place of Business:**

3300 2 RUE  
ST-HUBERT QUEBEC,J3Y8Y7, CA

**Current Mailing Address:**

3300 2 RUE  
SAINT-BRUNO QUEBEC,J3V 6B9, CA

**New Mailing Address:**

3300 2 RUE  
ST-HUBERT QUEBEC,J3Y8Y7, CA

FEI Number: 65-0696233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

IBC FIDUCIARY INC  
100 S.E 2ND STREET,SUITE 2222-A  
MIAMI, FL 33131 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: PSTD ( ) Delete  
Name: CALGARO, JEAN  
Address: 1350 MARIE-VICTORIAN  
City-St-Zip: SAINT BRUNO QUEBEC,J3V 6B9, CA

Title: D ( ) Delete  
Name: DUTIL, MARCEL  
Address: 99 PAGNUELO  
City-St-Zip: OUTREMONT, QUEBEC, CA

Title: D ( ) Delete  
Name: COTE, MARIO  
Address: 1014 BEAUGRAND  
City-St-Zip: BELOEIL, QUEBEC CANADA,

Title: D ( ) Delete  
Name: DESANLNIERS, MICHAEL  
Address: 1110 BEAUGRAND  
City-St-Zip: BELOEIL, QUEBEC CANADA,

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

Title: PSTD (X) Change ( ) Addition  
Name: CALGARO, JEAN  
Address: 1250 BOUCHER  
City-St-Zip: MARIEVILLEQUEBEC,J3M1C1, CA

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: COTE, MARIO  
Address: 1014 BEAUGRAND  
City-St-Zip: BELOEIL, QUEBEC CANADA, CA

Title: D (X) Change ( ) Addition  
Name: DESAULNIERS, MICHEL  
Address: 1110 BEAUGRAND  
City-St-Zip: BELOEIL, QUEBEC CANADA, CA

I hereby certify that the information supplied with this filing does not qualify 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: MICHEL DESAULNIERS

D

01/19/2009

Electronic Signature of Signing Officer or Director

Date