


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000004035

1. Entity Name
EBENISTERIE BEAUBOIS LTEE



Principal Place of Business 521 6TH AVENUE ST GEORGES QUEBEC, CANADA, g5y-5b7	Mailing Address 521 6TH AVENUE ST GEORGES QUEBEC, CANADA, g5y-5b7
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DO NOT WRITE IN THIS SPACE



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0168053	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOCTOR, JAMES J
215 NORTH EOLA DR
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

6. 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 file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000505526 04/26/06-80115-024 55.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POMERLEAU, HERVE 1650 11 AVENUE ST. GEORGES, QUEBEC, CN g5y526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACOMBE, FRANCOIS 974 ST CHARLES BEAUCEVILLE, QC, CANADA, g5x 1ap
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POMERLEAU, PIERRE 633 BOUL LAIRD VILLE MT. ROYAL, QC, CANADA, h3r 1y5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARGUIN, DANIEL 521 6E AVENUE ST GEORGES QUEBEC CANADA, G5Y 5B7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **FRANCOIS LACOMBE** 04/07/2006 418-238-5104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #