

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 679227

FILED
Apr 19, 2007
Secretary of State

Entity Name: DOUBLE U.S. INC.

Current Principal Place of Business:

248 SANDPIPER DRIVE
PALM BEACH, FL 33480 US

New Principal Place of Business:

Current Mailing Address:

190 LISGAR STREET
OTTAWA, ONTARIO, CANADA
OTTAWA, ON K2P 0C4 CD

New Mailing Address:

FEI Number: 59-2014750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PT () Delete
Name: SHENKMAN, WILLIAM JA, Y
Address: 15 AVENUE DE GRANDE BRETAGNE
City-St-Zip: MONTE CARLO, MO 98000

Title: S () Delete
Name: GILDAN, LAURIE L
Address: 777 S FLAGLER DR 300E
City-St-Zip: WEST PALM BEACH, FL 33401

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: WILLIAM SHENKMAN

PT

04/19/2007

Electronic Signature of Signing Officer or Director

Date