2004 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Mar 26, 2004 08:00 AM	
1. Entity Nam	MENT # 849713	RPORATED			Secretary of State
Principal Plac BREAKERS W 3041 WEST (SANIBEL, FL	est condo apt a4	Mailing Address 1155 METCLAFE ST. STE 2040 MONTREAL, QUE, h3-b2w6	,		
DO NOT WRITE IN THIS SPAC			CE	03242004 No Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent LOUWERS, THOMAS R 1619 PERIWINKLE WAY STE 102 SANIBEL, FL 33957			DO NOT WRITE IN THIS SPACE		
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Etorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and bile if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOWILL FEE IS \$150.00 S. Election Campaign Financing \$5.00 May Be					
	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 OFFICERS AND D	Trust Fund Contribution.		led to Fees	U00000096885 03/26/04-80017-004-150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DRUMMOND, KEVIN RT 202 HAVELOCK QUEBEC, CA jos2co				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VD DRUMMOND, DEREK A 4373 MONTROSE AVE WESTMONT, QUEBEC, CA h3y2 VD	b2			
NAME STREET ADDRESS CITY-ST-28P	BRODEUR, BARBARA 565 ROSLYN AVE_ WESTMONT, QUEBEC, CA h3y2 STD	DO NOT WRITE IN THIS SPACE			
NAME STREET ADDRESS CITY - ST - ZIP	BRODEUR, JAMES H 565 ROSLYN AVE WESTMONT, QUEBEC, CA h3y2t7			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUMMOND, ANNE 4373 MONTROSE AVE WESTMONT, QUEBEC, CA h3y2	7			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRUMMOND, MARY RT 202 HAVELOCK QUEBEC, CA jos2c0				
12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as it 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:					
SIGNATORE. JUSINATORE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #					