## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000003498

Entity Name: FTI-USA INC.

FILED Jan 18, 2006 Secretary of State

Current Principal Place of Business:  7975 - 114TH AVE NORTH LARGO, FL 33773 US  Current Mailing Address:  7975 - 114TH AVE NORTH				New Principal Place of Business:  New Mailing Address:		
Name and Address of Current Registered Agent: HERRERA, LILIA C 9029 CAMINO VILLA BLVD.		Number Not Appl Name and	icable ( ) Certificate of Status Desired ( )  Address of New Registered Agent:			
TAMPA, FL 33635 US  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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	WALSH, ROBER 472 COTE ST. AI		Title: Name: Address: City-St-Zip:	PCD (X) Change ( ) Addition WALSH, ROBERT A 472 COTE ST. ANTOINE MONTREAL,, QC H3Y2K2 CA		
Title: Name: Address: City-St-Zip:	ALLARD, STEPH 58 ST. PAUL ST		Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition BELANGER, RENE 204 ACHIN CRESCENT SAINT LAMBERT, QC J4R2V2 CA		
Title: Name: Address: City-St-Zip:	FIELD, GREGOR 938 CARDINAL V		Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition FIELD, GREGORY 938 CARDINAL VILLENEUVE ST. BRUNO,, QC J3V5Z2 CA		
Title: Name: Address: City-St-Zip:	D ( ) Delete BOYLE, M. BARRY 110 CHESTNUT BAI D'URFE, QUEBEC, CANADA, QC CA		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition BOYLE, M. BARRY 110 CHESTNUT BAI D'URFE,, QC CA		
Title: Name: Address: City-St-Zip:	BRKICH, JOHN 221 TRINIDAD	Delete DRMEAUX,QC,CANDA, QC CA	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition BRKICH, JOHN 221 TRINIDAD DOLLARD DES ORMEAUX, QC CA		

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: GREGORY FIELD S 01/18/2006