

F020000004696

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Padded Attraction (U.S.A.), Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Laila Valli
(Name of Person)

Padded Attraction (U.S.A.), Inc.
(Firm/Company)

P. O. Box 490010
(Address)

Ft. Lauderdale, FL 33349
(City/State and Zip code)

For further information concerning this matter, please call:

LAILA VALLI at (416) 504-2727
(Name of Person) (Area Code & Daytime Telephone Number)

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*****70.00 *****70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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FLORIDA

- 1. Padded Attraction (U.S.A.), Inc. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Louisiana (State or country under the law of which it is incorporated)
3. 72-130561 (FEI number, if applicable)
4. July 06, 1995 (Date of incorporation)
5. Perpetual (Duration: Year corp. will cease to exist or Perpetual)
6. Upon qualification (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1870 NW. 54th Avenue Margate Florida 33063 (Principal office address)
P. O. Box 490010, Ft. Lauderdale, FL 33349 (Current mailing address)

8. Engage in any lawful activity for which corporations may be formed. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Gertrude Buhl

Office Address: 2800 NW 44th Street # 209

Oakland Park, Florida 33309 (City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Gertrude Buhl (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Laila Valli

Address: #20 Maud Street #301 570 KING STREET WEST.
Toronto, Ontario, Canada MSV-1M3

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Laila Valli

Address: #20 Maud Street #301 570 KING STREET WEST
Toronto, Ontario, Canada MSV-1M3

Vice President: _____

Address: _____

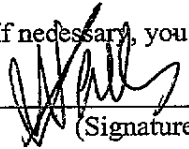
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. LAILA VALLI - CHAIRMAN/PRESIDENT
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
State of Louisiana



Jox McKeithen

SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Incorporation of

PADDED ATTRACTION (U.S.A.), INC.

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on July 06, 1995,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

August 16, 2002

Jox McKeithen

BME 34500382D
Secretary of State

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TALLAHASSEE, FLORIDA

