2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jun 20, 2005 08:00 AM **Secretary of State** DOCUMENT # F02000006088 1. Entity Name ENGENUITY TECHNOLOGIES (USA) INC. Principal Place of Business Mailing Address 4700 DE LA SAVANE, SUITE 300 4700 DE LA SAVANE, SUITE 300 ≥MONTREAL QUEBEC H4P 1T7 MONTREAL QUEBEC H4P 1T7 .CANADA, CANADA, 06012005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 03-0491107 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 8. 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, typed or printed name of registered agent and title if applicable ĐẠTE (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees Due by September 7, 2005 corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10, CP TITLE NAME COMMUNE, PATRICE STREET ADDRESS 4700 DE LA SAVANE, SUITE 300 CITY-ST-ZIP MONTREAL, QC CANADA, H4P 1T7 U00000369674 TITLE 06/20/05-80002-011 150.00 NAME YVES, BOUCHER 4700 DE LA SAVANE, SUITE 300 STREET ADDRESS CITY-ST-ZIP MONTREAL, QC CANADA, H4P 1T7 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 of 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 jectiver 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 charged, or on an attacking ment with an address, with all giner like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED

FILED