

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90347 011 \*\*\*150.00

**60029016**



DOCUMENT # F0200006088							
1. Entity Name ENGENUITY TECHNOLOGIES (USA) INC.							
Principal Place of Business 4700 DE LA SAVANE, SUITE 300 MONTREAL QUEBEC H4P 1T7 CANADA, XX		Mailing Address 4700 DE LA SAVANE, SUITE 300 MONTREAL QUEBEC H4P 1T7 CANADA, XX					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 03-0491107			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	CP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	COMMUNE, PATRICE	NAME					
STREET ADDRESS	4700 DE LA SAVANE, SUITE 300	STREET ADDRESS					
CITY-ST-ZIP	MONTREAL, QC CANADA, H4P 1T7	CITY-ST-ZIP					
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	Controller + Acting CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	YVES, BOUCHER	NAME	DUPÉRE, MARC-AMORÉ				
STREET ADDRESS	4700 DE LA SAVANE, SUITE 300	STREET ADDRESS	4700 DE LA SAVANE, SUITE 300				
CITY-ST-ZIP	MONTREAL, QC CANADA, H4P 1T7	CITY-ST-ZIP	MONTREAL, QC CANADA H4P 1T7				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
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CITY-ST-ZIP		CITY-ST-ZIP					
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NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>MARC-AMORÉ DUPÉRE</u>		MARC-AMORÉ DUPÉRE		04/18/2006			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date			
				514-341-3874			
				Daytime Phone #			