

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

01-28-2004 90009 023 \*\*\*150.00

|   |   |  |  |
|---|---|--|--|
| <b>DOCUMENT # F03000001412</b><br>1. Entity Name<br><b>ELUMINATE USA, INC.</b>  |   |  |  |
| Principal Place of Business<br><b>3016 FIFTH AVENUE NE<br/>CALGARY, ALBERTA<br/>T2A 6K4 CANADA,</b>   |   | Mailing Address<br><b>3016 FIFTH AVENUE NE<br/>CALGARY, ALBERTA<br/>T2A 6K4 CANADA,</b>  |  |
| 2. Principal Place of Business<br><b>3016-5th Avenue NE</b><br>Suite, Apt. #, etc.<br><b>Suite 304</b><br>City & State<br><b>Calgary, Alberta</b><br>Zip<br><b>T2A 6K4</b> Country<br><b>Canada</b>   |   | 3. Mailing Address<br><b>3016-5th Avenue NE</b><br>Suite, Apt. #, etc.<br><b>Suite 304</b><br>City & State<br><b>Calgary, Alberta</b><br>Zip<br><b>T2A 6K4</b> Country<br><b>Canada</b>  |  |
| 4. FEI Number<br><b>APPLIED FOR 98-038398</b>   |   | Applied For<br><input checked="" type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |   | 6. Name and Address of Current Registered Agent<br><b>CT-CORPORATION SYSTEM<br/>1200 S. PINE ISLAND RD.<br/>PLANTATION, FL 33324</b>   |  |
| 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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.<br><br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>SAMANAMI, NASHIR<br>3016 FIFTH AVENUE NE<br>T2A 6K4 CANADA, | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DS<br>MABEY, MIKE<br>3016 FIFTH AVENUE NE<br>T2A 6K4 CANADA,      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| 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 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:  |   | January 14, 2004 (403) 204-7896<br><small>Date Daytime Phone</small>   |  |

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