2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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TED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 17, 2004 8:00 am Secretary of State DOCUMENT # F03000001622 03-17-2004 90032 024 ***150 00 1. Entity Name AU DRAGON FORGE INC. Mailing Address Principal Place of Business JYUUUUNI 300 HENRY BESSEMER 300 HENRY BESSEMER TERREBONNE, QUEBEC TERREBONNE, QUEBEC CANAD J6Y 1T3, CANAD J6Y 1T3, 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 98-0187750 Not Applicable Zip Country αiΣ Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PASCHINI, PIERRE NAME NAME STREET ADDRESS 300 HENRY BESSEMER STREET ADDRESS CITY-ST-ZIP TERREBONE, QUEBEC, CANADA, CITY-ST-ZIP Change X Addition TITLE X Delete TITLE PASCHINI, PIERRE NAME NAME Jean Paschini Mr. 300 HENRY BESSEMER STREET ADDRESS STREET ADDRESS 300 Henry-Bessemer Street Terrebonne Quebec Caanada J6Y J6Y1T3 CITY-ST-ZIP TERREBONE, QUEBEC, CANADA, CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME PASCHINI, MARISE NAME 300 HENRY BESSEMER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TERREBONE, QUEBEC, CANADA, CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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Daytime Phone #