

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2006
Secretary of State

DOCUMENT# F05000002727

Entity Name: KREE TECHNOLOGIES USA, INC.

Current Principal Place of Business:

6200 GRAND ALLE
ST. HUBERT
QUEBEC, CANADA J3Y 1B6,

New Principal Place of Business:

11429 53RD STREET NORTH
CLEARWATER, FL 33760 US

Current Mailing Address:

6200 GRAND ALLE
ST. HUBERT
QUEBEC, CANADA J3Y 1B6,

New Mailing Address:

6200 GRANDE-ALLEE
ST-HUBERT, QC J3Y 1B6 CA

FEI Number: 14-1811960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: DOLORES BURTON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MOFFAT, GREGORY
Address: 85 MACEY LANE
City-St-Zip: PLATTSBURGH, NY 12901

Title: P () Delete
Name: NEIL, ALAN
Address: 14 OLD DOCK ROAD
City-St-Zip: PLATTSBURGH, NY 12901

Title: ST () Delete
Name: LAMONTAGNE, JOHANNE
Address: 3716 LOISELLE
City-St-Zip: ST-HUBERT QUEVEC J3Y 1B6,

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: NEIL, ALAN
Address: 18838 GULF BLVD #202
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: ST (X) Change () Addition
Name: LAMONTAGNE, JOHANNE
Address: 3716 LOISELLE
City-St-Zip: ST-HUBERT, QC J3Y 7X4 CA

Title: D () Change (X) Addition
Name: GELBER, CHARLES
Address: 4855 COTE-ST-LUC #605
City-St-Zip: MONTREAL, QC H3W 2H5 CA

Title: CFO () Change (X) Addition
Name: LEPAGE, SIMON
Address: 56 AUGUSTIN
City-St-Zip: CANDIAC, QC J5R 5Y9 CA

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHANNE LAMONTAGNE

ST

10/19/2006

Electronic Signature of Signing Officer or Director

Date