

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000002727

**FILED**  
**Oct 19, 2006**  
**Secretary of State**

**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