

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005123

Entity Name: SOLICOR USA, INC.

FILED  
Jan 06, 2006  
Secretary of State

## Current Principal Place of Business:

4010 CLAY STREET  
POINT OF ROCKS, MD 21777

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 285  
POINT OF ROCKS, MD 21777

## New Mailing Address:

FEI Number: 20-3390098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PELLAND, LUC  
Address: 270, CHEMIN DU TREMBLAY  
City-St-Zip: BOUCHERVILLE, QUEBEC 74B5X9,

Title: V ( ) Delete  
Name: VINCENT, RICHARD  
Address: 270, CHEMIN DU TREMBLAY  
City-St-Zip: BOUCHERVILLE, QUEBEC 74B5X9,

Title: S ( ) Delete  
Name: GUERTIN, LOUIS  
Address: 270, CHEMIN DU TREMBLAY  
City-St-Zip: BOUCHERVILLE, QUEBEC 74B5X9,

Title: T ( ) Delete  
Name: PINEL, CHARLES  
Address: 270, CHEMIN DU TREMBLAY  
City-St-Zip: BOUCHERVILLE, QUEBEC 74B5X9,

Title: D ( ) Delete  
Name: DUTIL, MARCEL  
Address: 270, CHEMIN DU TREMBLAY  
City-St-Zip: BOUCHERVILLE, QUEBEC 74B5X9,

Title: C ( ) Delete  
Name: DUTIL, MARC  
Address: 11533 IRE AVENUE, BUREAU 500  
City-St-Zip: VILLE DE SAINT GEORGES, QUEBE,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: LOUIS GUERTIN

S

01/06/2006

Electronic Signature of Signing Officer or Director

Date