2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-03-2007 90011 042 ***150.00

DOCUMENT # F06000002380

1. Entity Name
INVESTPRO SECURITIES INC.

Principal Place of Business	Mailing Address
800 RENE-LEVESQUE BLVD. WEST OFFICE 3 MONTREAL (QUEBEC) OC	800 RENE-LEVESQUE BLVD. WEST OFFICE 3 MONTREAL (QUEBEC) OC

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
800 RENE-LEVESQUE BLVD WEST	800 RENE-LEVESQUE BLVD WEST
Suite, Apt. #, etc.: SUITE 340	Suite, Apt. #, etc.: SUITE 340
City & State: MONTREAL QUEBEC	City & State: MONTREAL QUEBEC
Zip: H3B 1X9 Country: CANADA	Zip: H3B 1X9 Country: CANADA

1st MOORE CR2E034 (10/06)

4. FEI Number — Applied For / ✓ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CDST LAFLAMME, ROBERT 800 RENE-LEVESQUE BLVD. WEST OFFICE 340 MONTREAL (QUEBEC)	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO DAIGNEAULT MAURICE 800 RENE-LEVESQUE BLVD WEST SUITE 340 MONTREAL QUEBEC H3B 1X9	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP REGIMBALD, DENIS 800 RENE-LEVESQUE BLVD. WEST OFFICE 340 MONTREAL (QUEBEC)	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DUFRESNE, GUY SAME AS ABOVE	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GADBOIS, JACQUES 800 RENE-LEVESQUE BLVD. WEST OFFICE 340 MONTREAL (QUEBEC)	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP QUINLAN HUGH SAME AS ABOVE	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: [signature] MAURICE DAIGNEAULT MARCH 20/07 514 875-4108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #