2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006326

Entity Name: RICHELIEU AMERICA LTD., INC.

7900 HENRI-BOURASSA W. BLVD

QUEBEC H4S 1V4 CANADA, OC

Address: City-St-Zip: FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:	
7900 HENRI-BOURASSA W. BLVD ST. LAURENT, QUEBEC, CANADA H4S 1V4, XX				7900 HENRI-BOURASSA W. BLVD ST. LAURENT, QUEBEC, CANADA H4S 1V4, XX XX XX	
Current Mailing Address:				New Mailing Address:	
7900 HENRI-BOURASSA W. BLVD ST. LAURENT, QUEBEC, CANADA H4S 1V4, XX				7900 HENRI-BOURASSA W. BLVD ST. LAURENT, QUEBEC, CANADA H4S 1V4, XX XX XX	
FEI Number	: 98-0195209	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 3332	ND ROAD			
	named entity e of Florida.	submits this statement for the	purpose o	f changing its registere	ed office or registered agent, or both,
SIGNATU	RE:				
Electronic Signature of Registered Agent					Date
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	LORD, RICHA 7900 HENRI-B) Delete RD OURASSA W. BLVD 1V4 CANADA, OC		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	LEVESQUE, H 7900 HENRI-B) Delete ELENE OURASSA W. BLVD 1V4 CANADA, OC		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	V (GIASSON, ALA) Delete AIN		Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: ALAIN GIASSON V 03/25/2009