



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90116 023 ***150.00

DOCUMENT # F06000007086					
1. Entity Name LULULEMON USA INC.					
Principal Place of Business 826 COLLINS AVENUE MIAMI BEACH, FL 33139			Mailing Address 2285 CLARK DRIVE VANCOUVER CANADA, V5N 3G9		
2. Principal Place of Business - No P.O. Box # 2285 CLARK DRIVE		3. Mailing Address Suite, Apt. #, etc.			
City & State VANCOUVER, BC		City & State VANCOUVER, BC		4. FEI Number 75-3060494	
Zip V5N 3G9		Country CANADA		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when re-appointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MEERS, ROBERT 2285 CLARK DRIVE VANCOUVER CANADA, V5N 3G9	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD WILSON, DENNIS 2285 CLARK DRIVE VANCOUVER CANADA, V5N 3G9	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOOD DAY, CHRISTINE 2285 CLARK DRIVE, VANCOUVER, BC, CANADA V5N 3G9 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BACON, BRIAN 2285 CLARK DRIVE VANCOUVER CANADA, V5N 3G9	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD CURRIE, JOHN 2285 CLARK DRIVE, VANCOUVER, BC, CANADA V5N 3G9 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOPKE, DARRELL 2285 CLARK DRIVE VANCOUVER CANADA, V5N 3G9	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY & TREASURER NEGUS, DAVID 2285 CLARK DRIVE, VANCOUVER, BC, CANADA V5N 3G9 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, STEVEN 75 STATE ST BOSTON, MA 02109	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEMBERG, THOMAS 92 ILAYDEN AVE LEXINGTON, MA 02421	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____			DAVID NEGUS Date: April 21, 2008 Daytime Phone #: 604-732-6124		