2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# F08000004902

Entity Name: FOLIOT FURNITURE INC.

Current Principal Place of Business:

721 ROLAND GODARD
ST-JEROME
QUEBEC CANADA J7Y 4C1,

New Principal Place of Business:

721 ROLAND GODARD
ST-JEROME
QUEBEC CANADA J7Y 4C1, NA NA NA

Current Mailing Address:

721 ROLAND GODARD
ST-JEROME
QUEBEC CANADA J7Y 4C1,

New Mailing Address:

721 ROLAND GODARD
ST-JEROME
QUEBEC CANADA J7Y 4C1, NA NA NA

FEI Number: 98-0433202 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: CP ( ) Delete
Name: FOLIOT, DANIEL
Address: 30 HUDGSON, ST-JEROME,
City-St-Zip: QC, CANADA J5L 2H3, OC

Title: VC ( ) Delete
Name: WILHELMY, REGIS
Address: 1112 CHATEAUNEUF, ST- JEROME
City-St-Zip: QC, CANADA J5L 2H3,

Title: D ( ) Delete
Name: BELISLE, STEPHANE
Address: 4119 RIVARD, MONTREAL
City-St-Zip: QC, CANADA H2L 4J1,

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:

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.

SIGNATURE: CAROL DESILETS FA 04/06/2009

Electronic Signature of Signing Officer or Director — Date