

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000567

Entity Name: 118280 CANADA INC.

FILED
Mar 05, 2009
Secretary of State

Current Principal Place of Business:

145 AUGER
STE-CROIX DE LOTBINIERE QUE, CA GOS2HO

New Principal Place of Business:

6168, PRINCIPALE
STE-CROIX DE LOTBINIERE QUE, CA GOS2HO

Current Mailing Address:

6168 PRINCIPALE
CROIX DE LOTBINIERE
QUEBEC, CA gos 2ho

New Mailing Address:

6168 PRINCIPALE
CROIX DE LOTBINIERE
QUEBEC, CA GOS 2HO

FEI Number: 98-0131693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUNTON REGISTERED AGENTS INC.
4710 NW BOCA RATON BLVD., #101
BOCA RATON, FL 33431 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: DCP () Delete
Name: LAFUAMME, GUY
Address: 6168 PRINCIPALE C P 190
City-St-Zip: STE-CRIOX QUEBEC CANADA, CA GOS 2HO

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCP (X) Change () Addition
Name: LAFUAMME, GUY
Address: 6168 PRINCIPALE C P 190
City-St-Zip: STE-CRIOX QUEBEC CANADA, CA GOS 2HO

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: GUY LAFLAMME

PRES

03/05/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date