2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 23, 2004 08:00 AM DOCUMENT # F93000002917 **Secretary of State** 2617-6222 QUEBEC INC. Principal Place of Business Mailing Address C/O PAUL GRATIAS C/O PAUL GRATIAS 210 GOLFDALE RD 210 GOLFDALE RD TORONTO, ONTARIO M4N 2B9, TORONTO, ONTARIO M4N 2B9. CA 02202004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent KLINGBEIL, ROBERT JR. DO NOT WRITE 341 VENICE AVE. WEST VENICE, FL 34285 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 11000000094718 03/23/04-30068-603 150.60 10. OFFICERS AND DIRECTORS TITLE GRATIAS, PAUL NAME STREET ADDRESS 210 GOLFDALE ROAD CITY-ST-ZIP TORONTO, ONTARIO M4N 2B9, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR