2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003918

Entity Name: LES PLACEMENTS 1360. INC

FILED Mar 15, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
1360 STE LONGUEL	-FOY JIL, QC J4K 1	IX9		
Current Mailing Address:		New Mailing Address:		
1360 STE LONGUEL	-FOY JIL, QC J4K 1	1X9		
FEI Number	: 98-0115375	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
1201 HAY	NTICE-HALL (S STREET, S SSEE, FL 323		<i>)</i> .	
		submits this statement for the	purpose of changing its register	red office or registered agent, or both,
n the Stat	e of Florida.	submits this statement for the	purpose of changing its register	red office or registered agent, or both,
n the Stat	e of Florida. RE:	submits this statement for the		red office or registered agent, or both, Date
n the Stat	e of Florida. RE: Electro			
n the Stati	e of Florida. RE: Electro	onic Signature of Registered Ag	gent	
n the Stati BIGNATU Election Cal DFFICER Title: lame: kddress:	e of Florida. RE: Electro mpaign Financii S AND DIREC PCD (BENNY, PIER 1208 DE GRA	onic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete RE	gent	Date
n the State	e of Florida. RE: Electro mpaign Financin S AND DIRECT PCD (BENNY, PIER 1208 DE GRA BOUCHERVIL VD (BENNY, CLAU 8065 PLACE I	onic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete RE NVILLE LE,, QC J4B 8G2 CA) Delete	ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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: BENNY PIERRE VD 03/15/2006