## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000004035

Title:

Name: Address:

City-St-Zip:

Entity Name: EBENISTERIE BEAUBOIS LTEE

FILED Mar 19, 2008 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place of	New Principal Place of Business:	
521 6TH A ST GEORG QUEBEC,	GES	g5y 5b7	521 6TH AVENUE SAINT-GEORGES, QC	G5Y 0H1 CA	
Current Mailing Address:			New Mailing Address:		
521 6TH A ST GEORG QUEBEC,	GES	g5y 5b7	521 6TH AVENUE SAINT-GEORGES, QC	G5Y 0H1 CA	
FEI Number:	98-0168053	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
	JAMES J H EOLA DR ), FL 32801	US			
	named entity of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financii	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	POMERLEAU 1650 11 AVEN		Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LACOMBE, FI 974 ST CHAR		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	POMERLEAU 633 BOUL LA		Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: FRANCOIS LACOMBE D 03/19/2008

() Delete

ST GEORGES QUEBEC CANADA, G5Y 5B7

ARGUIN, DANIÉL

521 6E AVENUE

() Change () Addition