

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004035

FILED
Mar 03, 2009
Secretary of State

Entity Name: EBENISTERIE BEAUBOIS LTEE

Current Principal Place of Business:

521 6TH AVENUE
SAINT-GEORGES, QC G5Y CA

New Principal Place of Business:

Current Mailing Address:

521 6TH AVENUE
SAINT-GEORGES, QC G5Y CA

New Mailing Address:

FEI Number: 98-0168053 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOCTOR, JAMES J
215 NORTH EOLA DR
ORLANDO, FL 32801 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: S () Delete
Name: POMERLEAU, HERVE
Address: 1650 11 AVENUE
City-St-Zip: ST. GEORGES, QUEBEC, CN G5Y526

Title: D () Delete
Name: LACOMBE, FRANCOIS
Address: 974 ST CHARLES
City-St-Zip: BEAUCEVILLE, QC, CANADA, G5X 1A9

Title: P () Delete
Name: POMERLEAU, PIERRE
Address: 633 BOUL LAIRD
City-St-Zip: VILLE MT. ROYAL, QC, CANADA, H3R 1Y5

Title: S () Delete
Name: ARGUIN, DANIEL
Address: 521 6E AVENUE
City-St-Zip: ST GEORGES QUEBEC CANADA, G5Y 5B7

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:

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: FRANCOIS LACOMBE

D

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date