

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F98000004503

1. Entity Name
CUSTOM HOUSE (USA) LTD. INC.



FILED

07 JUL -3 PM 3: 35

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
601 UNION STREET
SUITE 4100
SEATTLE, WA 98111

Mailing Address
517 FORT STREET
VICTORIA, BC CANADA, .. V8W 1-E7

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06052007

Chg-P

CR2E034 (12/06)

4. FEI Number

91-1680001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 life if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	MR GUSTAVSON, PETER B	☐ Delete
STREET ADDRESS	3165 TARN PLACE	
CITY- ST- ZIP	VICTORIA, BC CANADA, .. V8R 3N8	
TITLE NAME	V BECK, BERNARD	☐ Delete
STREET ADDRESS	517 FORT STREET	
CITY- ST- ZIP	VICTORIA, BC V8W 1E7	
TITLE NAME	V DYER, BRIAN	☒ Delete
STREET ADDRESS	517 FORT STREET	
CITY- ST- ZIP	VICTORIA, BC V8W 1E7	
TITLE NAME	V WILLIAMS, BRADLEY	☐ Delete
STREET ADDRESS	517 FORT STREET	
CITY- ST- ZIP	VICTORIA, BC V8W1E7	
TITLE NAME	T LENNOX, PAUL	☐ Delete
STREET ADDRESS	517 FORT STREET	
CITY- ST- ZIP	VICTORIA, BC V8W 1E7	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY- ST- ZIP		

7/7/5

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07/06/07--01019--001 **61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bernard Beck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 21, 2007 250-220-1023
Date Daytime Phone #