

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000001615

1. Entity Name
LAURENT & CLAIRE PROPERTY INC.



Principal Place of Business
**678 OCEAN ROAD
VERO BEACH, FL 32963**

Mailing Address
**1000 DE LA GAUCHETIERE WEST, SUITE 4310
MONTREAL, QUEBEC
CANADA H3B 4W5,**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0158402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HENN, PETER J
2095 GRAND HARBOR BOULEVARD
VERO BEACH, FL 32967**

**DO NOT WRITE
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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

1100000586287
01/16/07-80046-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEAUDOIN, LAURENT 21 ABERDEEN AVENUE, WESTMOUNT, QUEBEC CANADA H3Y 3A5,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BEAUDOIN, CLAIRE B 21 ABERDEEN AVENUE, WESTMOUNT, QUEBEC CANADA H3Y 3A5,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DESFOSSER, NICOLE 2101 BELLEVUE STREET, ST-BRUNO, QUEBEC CANADA J3V 3X3,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 10, 2007 1-514-86133456

Date

Daytime Phone #