
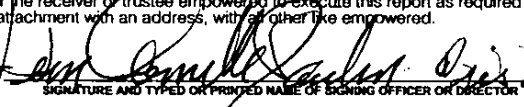


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90027 026 ***150.00

DOCUMENT # L12892 1. Entity Name J.C. POULIN, INC.																													
Principal Place of Business 460 ZELDA BLVD DAYTONA BEACH, FL 32118 US			Mailing Address C/O E. PATERNITI 555 W GRANADA BLVD., C-10 ORMOND BEACH, FL 32174 US																										
2. Principal Place of Business - No P.O. Box # 62 Robinson St. S. Suite, Apt. #, etc. Granby City & State Quebec Zip J2G9L1		3. Mailing Address Suite, Apt. #, etc. City & State Zip CANADA		4. FEI Number 65-0142000																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable																											
6. Name and Address of Current Registered Agent PATERNITI, EDWARD D CPA 555 W GRANADA BLVD., C-10 ORMOND BEACH, FL 32174			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PST</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>POULIN, JEAN CAMILLE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>460 ZELDA BLVD.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DAYTONA BEACH, FL</td> <td></td> </tr> </table>			TITLE	PST	<input type="checkbox"/> Delete	NAME	POULIN, JEAN CAMILLE		STREET ADDRESS	460 ZELDA BLVD.		CITY - ST - ZIP	DAYTONA BEACH, FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PST</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Poulin, Jean - Camille</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>62 Robinson St. S.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Granby, Quebec Canada J2G9L1</td> <td></td> </tr> </table>			TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Poulin, Jean - Camille		STREET ADDRESS	62 Robinson St. S.		CITY - ST - ZIP	Granby, Quebec Canada J2G9L1	
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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: 				Date: March 1, 2006																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 450-378-3472																									