2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L15919

Entity Name: MONT-SUDS, INC.

FILED Jul 06, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace of Business:	New Principal Place of Business:

425 PLACE JACQUES CARTIER, #400 MONTREAL QUEBEC H2Y-B1 MONTREAL, QU H2Y-B1 XX

Current Mailing Address: New Mailing Address:

425 PLACE JACQUES CARTIER 9810 ALT A1A SUITE 105 SUITE 400 PALM BEACH GARDENS, FL 33410

MONTREALCA, QU H2Y-B1

FEI Number: 98-0111249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALLEN, LOUISE J. MANDEV PROPERTIES, INC
150 WEST FLAGLER ST. 9810 ALT A1A SUITE 105
2200 MUSEUM TOWER PALM BEACH GARDENSMIAMI, FL 33410 US
MIAMI, FL 33130 US

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: MICHAEL WOLFE 07/06/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: () Change () Addition

 Name:
 WOLFE, HARVEY,
 Name:

 Address:
 298-B ABERDEEN
 Address:

 City-St-Zip:
 WESTMONT, QUEBEC CAN,
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 SHAPIRO, BARRY H. (A, SST)
 Name:

 Address:
 777 UPPER LANSDOWNE
 Address:

 City-St-Zip:
 WESTMONT, QUEBEC,CAN,
 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: HARVEY WOLFE PSD 07/06/2007