2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# L25384

Entity Name: QUECAN, INC.

Current Principal Place of Business:

425 PLACE JACQUES CARTIER, #400
MONTREAL, QB H2Y3B1 XX

New Principal Place of Business:

Current Mailing Address:

9810 ALT A1A SUITE 105
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 98-0109078 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANDEV PROPERTIES, INC
9810 ALT A1A SUITE 105
PALM BEACH GARDENS, FL 33410 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: DP ( ) Delete
Name: SHAPIRO, MARK,
Address: 425 PL JACQUES CARTIER
City-St-Zip: MONTREAL, QUEBEC, CAN,

Title: DV ( ) Delete
Name: BROWNSTEIN, MORTY,
Address: 425 PL JACQUES CARTIER
City-St-Zip: MONTREAL, QUEBEC, CAN,

Title: DST ( ) Delete
Name: WOLFE, HARVEY,
Address: 425 PL JACQUES CARTIER
City-St-Zip: MONTREAL, QUEBEC, CAN,

Title: AS ( ) Delete
Name: SHAPIRO, BARRY H.,
Address: 800 PLACE VICTORIA #4700
City-St-Zip: MONTREAL, QUEBEC, CAN,

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: HARVEY WOLFE DST 04/15/2008

Electronic Signature of Signing Officer or Director Date