2008 FOR PROFIT CORPORATIONANNUAL REPORT

EII.ED DOCUMENT # L27431 1. Entity Name 08 OCT -7 AM 8: 34 INTERNATIONAL SNOW FLIERS, INC. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3080 LAUREL DR. 17 B CHEMIN DE L''ECOLE MOUNT DORA, FL 32757 US LACBEAUPORT QUEBEC GOA2CO CANADA, PQ, g3b-on3 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08192008 Chg-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 59-2975214 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **DUPLESSIS, GAETANE** Street Address (P.O. Box Number is Not Acceptable) 3080 LAUREL DR. MOUNT DORA, FL 32757 City 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOWIII FEE IS \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Due by September 12, 2008 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE Addition NAME POULIN, PIERRE NAME STREET ADDRESS 12 CHEMIN DES OMBRES STREET ADDRESS CITY-ST-ZIP LACBEAUPORT, PQ G0A2C CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME HERNSKOG, CECILIA NAME STREET ADDRESS 17 CHEMIN DE L'ECOLE STREET ADDRESS CITY-ST-ZIP LACBEAUPORT, PQ g3b on3 CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP 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 a fixed empowered. SIGNATURE:

Department of State

August 20, 2008

Division of corporations

To whom it might concern

This letter is sent to you after having spoken to an agent with regards to our account. We have sent a check by mail in May and has been on the road a lot since then. We are presently doing a show in Toronto and received this notice, that's when I spoke to your agent who told me to send payment along with this letter to your offices.

We will make sure that the check that was sent to you has not been processed. We will also make sure that our procedures are working well for next year. Should you have any further questions please contact us at any time.

Thanks you for your understanding

Sincerely

Cecilia Hernskog, Treasurer

International Snow Fliers, Inc.