

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT #L71542

1. Entity Name CANAMER (USA), INC.



Principal Place of Business

% JOHN R. FLANAGAN, CPA 2831 RINGLING BLVD., STE. 204-B SARASOTA, FL 34237 Mailing Address

% JOHN R. FLANAGAN, CPA 2831 RINGLING BLVD., STE. 204-B SARASOTA, FL 34237

## FILED Jan 22, 2008 08:00 A Secretary of State



01042008

No Chg-P

CR2E034 (11/05)

4. FEI Nu	
65-0	194722

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

FLANAGAN, JOHN R., CPA 2831 RINGLING BLVD. SUITE 204-B SARASOTA, FL. 34237

## DO NOT WRITE IN THIS SPACE

SUITE 204 SARASOT	4-В ГА, FL 34237				THIS SPACE
	e named entity submits this statement for the pritions of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	f applicable. (NOTE: Registered	d Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS .	5.5.5 T. 15.		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D MERKER, HANS 2831 RINGLING BLVD #204B SARASOTA, FL			The second secon	(a) The street of the control of the paper of the paper of the control of the
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANAGAN, JOHN R. 2831 RINGLING BLVD #204B SARASOTA, FL				U00000790514 01/23/08-80035-022-150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Mancher (Hams Merker

Tan. 14/08

366-5646

Daytime Phone #