

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002837

FILED
Jan 15, 2005
Secretary of State

Entity Name: QAJAQ USA, INC.

Current Principal Place of Business:

1217 BENT OAK TRAIL
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

1217 BENT OAK TRAIL
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 02-0583840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAMER, GREGORY P
1217 BENT OAK TRAIL
ALTAMONTE SPRINGS, FL 32714 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STAMER, GREGORY
Address: 1217 BENT OAK TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V (X) Delete
Name: ATTENBOROUGH, KEITH
Address: 18 FERRELL ST
City-St-Zip: NEWBURYPORT, MA 01950

Title: T/D () Delete
Name: BRAUN, DAVID
Address: 4959 PINESPAR TRL
City-St-Zip: TRAVERSE CITY, MI 49684

Title: D () Delete
Name: DOUCETTE, VERNON
Address: 67 SPARKS STREET
City-St-Zip: CAMBRIDGE, MA 02138

Title: D () Delete
Name: GOLDEN, HARVEY
Address: 2000 SE 47TH
City-St-Zip: PORTLAND, OR 97215

Title: D () Delete
Name: SNOW, ROBIN
Address: 5926 RIDGE AVENUE
City-St-Zip: PHILADELPHIA, PA 19128

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
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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 for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY P. STAMER

P

01/15/2005

Electronic Signature of Signing Officer or Director

Date