2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

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Entity Name: INTERNATIONAL DRUG AWARENESS RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

1201 PENNSYLVANIA AVE
SUITE 300 NW
WASHINGTON, DC 20004

New Principal Place of Business:

Current Mailing Address:

6600 TRANS CANADA HWY
SUITE 750, MONTREAL QUEBEC, H9R 4S2
CANADA, XX

New Mailing Address:

6600 TRANS CANADA HWY
SUITE 750, MONTREAL QUEBEC, H9R 4S2
CANADA, QC XX

FEI Number: 59-3564388 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANELLA, ROSS H ESQ
2237 N COMMERCE PARKWAY
SUITE 3
WESTON, FL 33326 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: ZATYLNY, THOMAS
Address: 717 CAMILLE LAVAL (QC)
City-St-Zip: CANADA, H7P 2Z6

Title: D ( ) Delete
Name: LANDRY, CLAUDE DDS
Address: 399 ST HUBERT ST JEAN SUR
City-St-Zip: RICHELEAU-CANADA, J3B 1P7

Title: D ( ) Delete
Name: RAKITA, DAVID
Address: 795 MUIR ST
City-St-Zip: MONTREAL CANADA, H4L895H8

Title: D ( ) Delete
Name: LARRIVIE, RENALD
Address: 5065 ST ST HYACINTHE (QC)
City-St-Zip: CANADA, J2X 3X6

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ZATYLNY, THOMAS
Address: 717 CAMILLE LAVAL (QC)
City-St-Zip: CANADA, QC H7P 2Z6

Title: D (X) Change ( ) Addition
Name: LANDRY, CLAUDE DDS
Address: 399 ST HUBERT ST JEAN SUR
City-St-Zip: RICHELEAU-CANADA, QC J3B 1P7

Title: D (X) Change ( ) Addition
Name: RAKITA, DAVID
Address: 795 MUIR ST
City-St-Zip: MONTREAL CANADA, QC H4L895H8

Title: D (X) Change ( ) Addition
Name: LARRIVIE, RENALD
Address: 5065 ST ST HYACINTHE (QC)
City-St-Zip: CANADA, QC J2X 3X6

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: THOMAS ZATYLNY PRES 04/20/2005

Electronic Signature of Signing Officer or Director — Date