


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000030376 1. Entity Name BUYER'S NETWORK U.S. INC.	
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Principal Place of Business 6482 LINDSAY CRESCENT NIAGARA FALLS, ONTARIO CANADA, LZG 5E5,	Mailing Address 6482 LINDSAY CRESCENT NIAGARA FALLS, ONTARIO CANADA, LZG 5E5,
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CUPOLO, STEVEN 890 A1A BEACH BLVD. ST. AUGUSTINE, FL 32080	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, JOSEPH S 6482 LINDSAY CRESCENT, NIAGARA FALLS ONTARIO, CANADA LZG 5E5,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, KATHY L 6482 LINDSAY CRESCENT, NIAGARA FALLS ONTARIO, CANADA LZG 5E5,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Kathy Richardson July 15/05 1-905-357-4912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jul 22, 2005 08:00 AM
Secretary of State

REINSTATEMENT - 2004-2005



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0558832	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required