

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90270 042 ***150.00

DOCUMENT # P01000030376

1. Entity Name
BUYER'S NETWORK U.S. INC.



Principal Place of Business
**6482 LINDSAY CRESCENT
NIAGARA FALLS, ONTARIO
CANADA, L2G 5E5,**

Mailing Address
**6482 LINDSAY CRESCENT
NIAGARA FALLS, ONTARIO
CANADA, L2G 5E5,**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

02-0558832

Applied For

Not Applicable

Zip
L2G 5E5

Country

Zip
L2G 5E5

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUPOLO, STEVEN
890 A1A BEACH BLVD.
ST. AUGUSTINE, FL 32080**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **RICHARDSON, KATHY L**
STREET ADDRESS **6482 LINDSAY CRESCENT, NIAGARA FALLS**
CITY-ST-ZIP **ONTARIO, CANADA L2G 5E5,**

TITLE **D** ☒ Change ☐ Addition
NAME **RICHARDSON, KATHY L**
STREET ADDRESS **L2G 5E5**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GRANT, JONAL**
STREET ADDRESS **6482 LINDSAY CRESCENT, NIAGARA FALLS**
CITY-ST-ZIP **ONTARIO, CANADA L2G 5E5,**

TITLE **D** ☒ Change ☐ Addition
NAME **GRANT, JONAH**
STREET ADDRESS **L2G 5E5**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CUPOLO, STEVEN**
STREET ADDRESS **890 A1A BEACH BLVD**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32080**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

Kathy Richardson
KATHY RICHARDSON

April 17/2007 905 357-4912

Date

Daytime Phone #