

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030376

FILED
Mar 18, 2009
Secretary of State

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

Current Principal Place of Business:

6482 LINDSAY CRESCENT
NIAGARA FALLS, ONTARIO
CANADA, L2G 5E5,

Current Mailing Address:

6482 LINDSAY CRESCENT
NIAGARA FALLS, ONTARIO
CANADA, L2G 5E5,

New Principal Place of Business:

6482 LINDSAY CRESCENT
NIAGARA FALLS, ONTARIO
CANADA, L2G 5E5, ON L2G 5E5 CA

New Mailing Address:

6482 LINDSAY CRESCENT
NIAGARA FALLS, ON L2G 5E5 CA

FEI Number: 02-0558832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RICHARDSON, KATHY L
Address: 6482 LINDSAY CRESCENT, NIAGARA FALLS
City-St-Zip: ONTARIO, CANADA L2G5E5,

Title: D () Delete
Name: GRANT, JONAH
Address: 6482 LINDSAY CRESCENT, NIAGARA FALLS
City-St-Zip: ONTARIO, CANADA L2G5E5,

Title: D () Delete
Name: CUPOLO, STEVEN
Address: 890 A1A BEACH BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RICHARDSON, KATHY L
Address: 6482 LINDSAY CRESCENT,
City-St-Zip: NIAGARA FALLS, ON L2G 5E5 CA

Title: D (X) Change () Addition
Name: GRANT, JONAH
Address: 6482 LINDSAY CRESCENT,
City-St-Zip: NIAGARA FALLS,, ON L2G 5E5 CA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY L. RICHARDSON

PRES

03/18/2009

Electronic Signature of Signing Officer or Director

Date