


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90422 042 \*\*\*150.00

<b>DOCUMENT # P03000056113</b> 1. Entity Name NORAMCON MANAGEMENT USA, INC.																																			
Principal Place of Business 2660 SOUTH OCEAN BLVD. SUITE 403 PALM BEACH, FL 33480		Mailing Address 2660 SOUTH OCEAN BLVD. SUITE 403 PALM BEACH, FL 33480																																	
2. Principal Place of Business - No P.O. Box # 1303 GREENE AVE. Suite, Apt. #, etc. SUITE 402		3. Mailing Address 1303 GREENE AVE. Suite, Apt. #, etc. SUITE 402																																	
City & State MONTREAL, QUEBEC Zip H3Z2A7 Country CANADA		City & State MONTREAL, QUEBEC Zip H3Z2A7 Country CANADA																																	
4. FEI Number 20-1023327		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04242007 Chg-P CR2E034 (12/06)																																	
6. Name and Address of Current Registered Agent  YAFFE, ELI 2660 SOUTH OCEAN BLVD. SUITE 403 PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name BRAHM D. LEVINE Street Address (P.O. Box Number is Not Acceptable) 500 S. AUSTRALIAN AVE. SUITE 610 City WEST PALM BEACH FL Zip Code 33411-6237																																	
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: <u><i>Brahm D. Levine</i></u> DATE: <u>04/24/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;">           PD            YAFFE, ELI            2660 SOUTH OCEAN BLVD. SUITE 403            PALM BEACH, FL 33480           <div style="text-align: right;"><input type="checkbox"/> Delete</div> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD YAFFE, ELI 2660 SOUTH OCEAN BLVD. SUITE 403 PALM BEACH, FL 33480 <div style="text-align: right;"><input type="checkbox"/> Delete</div>															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            1303 Greene Ave. Suite 402            Montreal, Quebec H3Z2A7 Canada         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1303 Greene Ave. Suite 402 Montreal, Quebec H3Z2A7 Canada														
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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: <u><i>Brahm D. Levine</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>APRIL 25/07</u> Daytime Phone #																																	

514-933-4711