

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000083043

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: PELICAN ENTERPRISES USA, INC.

## Current Principal Place of Business:

C/O LAVIGNE, COTON & ASSOCIATES, P.A.  
7087 GRAND NATIONAL DRIVE - SUITE 100  
ORLANDO, FL 32819

## New Principal Place of Business:

## Current Mailing Address:

C/O LAVIGNE, COTON & ASSOCIATES, P.A.  
7087 GRAND NATIONAL DRIVE - SUITE 100  
ORLANDO, FL 32819

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LAVIGNE, JAMES R ESQ.  
7087 GRAND NATIONAL DRIVE  
SUITE 100  
ORLANDO, FL 32819 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: ADAMSON, STUART  
Address: 42 COLLINSON ROAD  
City-St-Zip: STAFFORDSHIRE DE 13 8JA,

Title: D ( ) Delete  
Name: ADAMSON, KIM  
Address: 42 COLLINSON ROAD  
City-St-Zip: STAFFORDSHIRE DE 13 8JA,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ADAMSON, STUART  
Address: 42 COLLINSON ROAD  
City-St-Zip: STAFFORDSHIRE, UK DE13 8JL UK

Title: D (X) Change ( ) Addition  
Name: ADAMSON, KIM  
Address: 42 COLLINSON ROAD  
City-St-Zip: STAFFORDSHIRE, UK DE13 8JL UK

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: STUART ADAMSON

D

04/21/2008

Electronic Signature of Signing Officer or Director

Date