## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P15806

1. Entity Name 152942 CANADA INC.



**FILED** Feb 10, 2006 08:00 AN Secretary of State

Principal Place of Business

4060 ST CATHERINE W., STE #750 MONTREAL, QUEBEC H3Z 2Z3 CANADA,

Mailing Address

4060 ST CATHERINE W., STE #750 MONTREAL, QUEBEC H3Z 2Z3 CANADA,



CR2E034 (11/05) 02032006 No Chg-P

4. FEI Number 52-1495712

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLINE ARTHUR J

2685 S. BAYSHORE DRIVE, S-903 COCONUT GROVE, FL 33133			IN THIS SPACE		
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	1.00000429046
10.	OFFICERS AND DIREC	CTORS		<del></del>	UZ721705-80073-001_150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WILDSTEIN, LEON 3577 ATWATER AVE., #1508 MONTREAL, QUEBEC,				
TITLE NAME Street address City-St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZP					
TITLE 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 cath; that I am an officer or director of the corporation or the receiver or trusted emoywered 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: