

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26177

FILED
Apr 29, 2005
Secretary of State

Entity Name: MONTCAN INVESTMENTS, INC.

Current Principal Place of Business:

425 PLACE JACQUES CARTIER, #400
ONTREAL QUEBEC H2Y3B1
CANADA, XX

Current Mailing Address:

425 PLACE JACQUES CARTIER, #400
ONTREAL QUEBEC H2Y3B1
CANADA, XX

New Principal Place of Business:

425 PLACE JACQUES CARTIER, #400
ONTREAL QUEBEC H2Y3B1
MONTREAL, QU H2Y3B1 XX

New Mailing Address:

425 PLACE JACQUES CARTIER, #400
ONTREAL QUEBEC H2Y3B1
MONTREAL, QU H2Y3B1 XX

FEI Number: 98-0077394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: WOLFE, HARVEY,
Address: 698B ABERDEEN AVE.
City-St-Zip: WESTMOUNT,QUE,CANADA,

Title: V () Delete
Name: DOBRIN, MITZI,
Address: 410 ST. CATHERINE ST W
City-St-Zip: MONTREAL,QUE, CANADA,

Title: S () Delete
Name: SHAPIRO, BARRY H.,
Address: 777 UPPER LANSDOWNE
City-St-Zip: WESTMOUNT,QUE,CANADA,

Title: D () Delete
Name: DRAYMORE, MARK R.,
Address: 95 STATE ST, STE. 513
City-St-Zip: SPRINGFIELD, MA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HARVEY WOLFE

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date