


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 A
Secretary of State

DOCUMENT # P26177	
1. Entity Name MONTCAIN INVESTMENTS, INC.	

Principal Place of Business 425 PLACE JACQUES CARTIER, #400 ONTREAL QUEBEC H2Y3B1 MONTREAL, QU H2Y3B-1 XX	Mailing Address 425 PLACE JACQUES CARTIER, #400 ONTREAL QUEBEC H2Y3B1 MONTREAL, QU H2Y3B-1 XX
-----------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0077394	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

DO NOT WRITE
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

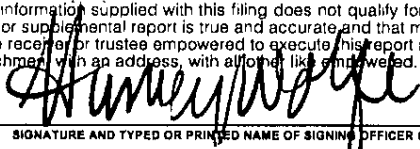
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	11000000640776 02/28/07-60078-025 150.00
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLFE, HARVEY 698B ABERDEEN AVE. WESTMOUNT, QUE, CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOBRIN, MITZI 410 ST. CATHERINE ST W MONTREAL, QUE, CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAPIRO, BARRY H. 777 UPPER LANSDOWNE WESTMOUNT, QUE, CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAYMORE, MARK R. 95 STATE ST, STE. 513 SPRINGFIELD, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 authority like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #