

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90148 006 ***150.00

DOCUMENT # P92000009265 1. Entity Name RAMDEV USA DEVELOPMENT CORPORATION					
Principal Place of Business 4333 ST. CATHERINE W. SUITE 400 MONTRAL QUEBEC CANADA H32 1P9, XX			Mailing Address 4333 ST. CATHERINE W. SUITE 400 MONTRAL QUEBEC CANADA H32 1P9, XX		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-3154016				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 TAYLOR, JOHN A 1325 W COLONIAL DRIVE FASSETT ANTHONY & TAYLOR P.A. ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ATTIAS, JACOB 4333 STE-CATHERINE OUEST SUITE 400 MONTREAL, QUEBEC, QC H3Z1P9	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BENSADOUN, ALBERT 905 HODGE VILLE ST. LAURENT, QUEBEC, QC H4N2B3	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BENSADOUN, ALBERT 2300 EMILE BELANGER VILLE ST-LAURENT, QC, H4R 3J4 CANADA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BENSADOUN, ALBERT 2300 EMILE BELANGER VILLE ST-LAURENT, QC, H4R 3J4 CANADA	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BENSADOUN, ALBERT 2300 EMILE BELANGER VILLE ST-LAURENT, QC, H4R 3J4 CANADA	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 18/2005 Daytime Phone #: 514 933-8400					