

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000035830

FILED  
Apr 12, 2004  
Secretary of State

Entity Name: IVYHOUSE COMPANY (U.S.), INC.

## Current Principal Place of Business:

1 INDEPENDENT DR  
SUITE 2600  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

ONE INDEPENDENT DR  
SUITE 2600  
JACKSONVILLE, FL 32202

## Current Mailing Address:

1 INDEPENDENT DR  
SUITE 2600  
JACKSONVILLE, FL 32202

## New Mailing Address:

FEI Number: 59-3182027      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBISON, MARY A  
1 INDEPENDENT DR  
SUITE 2600  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

ROBISON, MARY A ESQUIRE  
ONE INDEPENDENT DR  
SUITE 2600  
JACKSONVILLE, FL 32202 US

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: MARY A. ROBISON

04/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HUNG, JOSEPH L  
Address: 66 DEEP WATER BAY RD HOUSE D  
City-St-Zip: HONG KONG, OC

Title: PS ( ) Delete  
Name: COHEN, DAVID  
Address: 215 REDFERN SUITE 118  
City-St-Zip: WESTMOUNT, QUEBEC, CA H3Z3L5

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PS (X) Change ( ) Addition  
Name: COHEN, DAVID  
Address: 215 REDFERN SUITE 118  
City-St-Zip: WESTMOUNT, QUEBEC, CA H3Z3L5

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: DAVID COHEN

PS

04/12/2004

Electronic Signature of Signing Officer or Director

Date