

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90026 008 ***550.00

DOCUMENT # P95000051419					
1. Entity Name GAMMA USA, INC.					
Principal Place of Business C/O 6130 BLVD, ST. ANNE L'ANGE GARDIEN, QUEBEC GOA 2K0 CANADA, XX			Mailing Address C/O 6130 BLVD, ST. ANNE L'ANGE GARDIEN, QUEBEC GOA 2K0 CANADA, XX		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0594845	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHARCHAT, STEVEN M ESQ. STEVEN M. CHARCHAT, ESQ. 848 BRICKELL AVENUE, SUITE 1040 MIAMI, FL 33131			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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME LEFRANCIOS, ROLAND STREET ADDRESS 6130 BLVD. STE-ANNE CITY-ST-ZIP L'ANGE GARDIEN, QUEBEC, CA,	<input checked="" type="checkbox"/> Delete		TITLE PRESIDENT NAME LEFRANCOS, JEAN STREET ADDRESS 6130 BLVD. STE-ANNE CITY-ST-ZIP L'ANGE GARDIEN, Q.C. CA,	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT NAME LEFRANCOIS, ALAIN STREET ADDRESS C/O 6130 BLVD, ST. ANNE CITY-ST-ZIP L'ANGE GARDIEN, QUEBEC, CA, GOA-2K0	<input checked="" type="checkbox"/> Delete		TITLE V. PRESIDENT NAME LEFRANCOIS, ALAIN STREET ADDRESS 6130 BLVD STE-ANNE CITY-ST-ZIP L'ANGE GARDIEN, Q.C. CA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME LEFRANCOIS, JEAN STREET ADDRESS C/O 6130 BLVD, ST. ANNE CITY-ST-ZIP L'ANGE GARDIEN, QUEBEC, CA, GOA-2K9	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME STRUZER, STEWART STREET ADDRESS C/O 6130 BLVD, ST. ANNE CITY-ST-ZIP L'ANGE GARDIEN, QUEBEC, CA, GOA-2K0	<input type="checkbox"/> Delete		TITLE SEC. TREASURER NAME STRUZER, STEWART STREET ADDRESS 6130 BLVD STE-ANNE CITY-ST-ZIP L'ANGE GARDIEN, Q.C. CA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 another like empowered.					
SIGNATURE			5-1-06 800 207 7420		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		