


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000077193 1. Entity Name LAMBTON DOORS (USA), INC.	
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Principal Place of Business 7800 WEST OAKLAND PARK BLVD. BUILDING G SUNRISE, FL 33351	Mailing Address 7800 WEST OAKLAND PARK BLVD. BUILDING G SUNRISE, FL 33351
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DO NOT WRITE IN THIS SPACE



04102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0636899	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent LAPIERRE, REJEAN 7800 WEST OAKLAND PARK BLVD. BUILDING G SUNRISE, FL 33351	DO NOT WRITE IN THIS SPACE
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACQUES, ROGER 7800 WEST OAKLAND PARK BLVD. BLDG. G SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POMERLEAU, DIANE 7800 WEST OAKLAND PARK BLVD. BLDG. G SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LACROIX, YVAN 7800 WEST OAKLAND PARK BLVD. BLDG. G SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAPIERRE, REJEAN 7800 WEST OAKLAND PARK BLVD. BLDG. G SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/05/05-80124-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Rejean Lapierre 4/28/05 (954) 749-8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #