## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 04, 2005 08:00 AM Secretary of State DOCUMENT # P96000023119 1. Entity Name GREAT PACIFIC HOLDINGS (USA) INC. Principal Place of Business\_\_\_\_ Mailing Address 7576 KINGSPOINTE PKWY 1600 1055 WEST HASTINGS STREET SUITE 188, BOX 9 CANYOUVER BRITISH COLUMBIA ORLANDO, FL 32819 CANADA V6E 2H2, 03072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3397622 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 S, PINE ISLAND ROAD PLANTATION, FL 33324 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE DV NAME PATTISON, JIM JR 5728 MAJOR BOULEVARD, SUITE 700 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL DP TITLE KORENBERG, MICHEAL MAME STREET ADDRESS 1600-1055 W HASTINGS ST CITY-ST-ZIP VANCOUVER, BC v6e 2h2 DS TITLE DESMARAIS, NICK NAME STREET ADDRESS 2592 BELLOC ST DO NOT WRITE CITY-ST-ZIP N VANCOUVER, BC IN THIS SPACE NAME BERGEN, ROD STREET ADDRESS 24675 - 16TH AVENUE CITY-ST-ZIP LANGLEY, BC v2z ij4 TITLE NAME STREET ADDRESS

12. I hereby certify that the Information suggified with this filling 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 leport 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 of 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, wirt all other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nerch 28-05 GOA

604.4985210

FILED