

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000036557

FILED
Jan 19, 2009
Secretary of State

Entity Name: AMCAN FASTENERS, INC.

Current Principal Place of Business:

3300 2 RUE
SAINT-BRUNO QUEBEC,J3V 6B9, CA

New Principal Place of Business:

3300 2 RUE
ST-HUBERT QUEBEC,J3Y8Y7, CA

Current Mailing Address:

3300 2 RUE
SAINT-BRUNO QUEBEC,J3V 6B9, CA

New Mailing Address:

3300 2 RUE
ST-HUBERT QUEBEC,J3Y8Y7, CA

FEI Number: 65-0696233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IBC FIDUCIARY INC
100 S.E 2ND STREET,SUITE 2222-A
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: CALGARO, JEAN
Address: 1350 MARIE-VICTORIAN
City-St-Zip: SAINT BRUNO QUEBEC,J3V 6B9, CA

Title: D () Delete
Name: DUTIL, MARCEL
Address: 99 PAGNUELO
City-St-Zip: OUTREMONT, QUEBEC, CA

Title: D () Delete
Name: COTE, MARIO
Address: 1014 BEAUGRAND
City-St-Zip: BELOEIL, QUEBEC CANADA,

Title: D () Delete
Name: DESANLNIERS, MICHAEL
Address: 1110 BEAUGRAND
City-St-Zip: BELOEIL, QUEBEC CANADA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: CALGARO, JEAN
Address: 1250 BOUCHER
City-St-Zip: MARIEVILLEQUEBEC,J3M1C1, CA

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

Title: D (X) Change () Addition
Name: COTE, MARIO
Address: 1014 BEAUGRAND
City-St-Zip: BELOEIL, QUEBEC CANADA, CA

Title: D (X) Change () Addition
Name: DESAULNIERS, MICHEL
Address: 1110 BEAUGRAND
City-St-Zip: BELOEIL, QUEBEC CANADA, CA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHEL DESAULNIERS

D

01/19/2009

Electronic Signature of Signing Officer or Director

Date