2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90363 006 ***158.75

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04122005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000042313

1. Entity Name
ID GROUP INC.

Principal Place of Business	Mailing Address
125 DUBE STREET #200 CHICOUTIMI QUEBEC G7H2V3 CANADA, XX	125 DUBE STREET SUITE 200 CHICOUTIMI, QU g7h-2v3 CA

2. Principal Place of Business		3. Mailing Address	
125 DUBE STREET			
Suite, Apt. #, etc.: SUITE 200		Suite, Apt. #, etc.:	
City & State: CHICOUTIMI, QUEBEC		City & State: CHICOUTIMI, QUEBEC	
Zip: G7H 2V3	Country: CANADA	Zip: G7H 2V3	Country: CANADA

4. FEI Number: 98-0192840 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

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____________________
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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	SAUCIER, MARIO		NAME		
STREET ADDRESS	253 LETONDAL STREET		STREET ADDRESS		
CITY-ST-ZIP	CHICOUTIMI, QU g7h 2v6		CITY-ST-ZIP	CHICOUTIMI, QC G7H 2Y6	
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DESCHENES, SYLVAIN		NAME		
STREET ADDRESS	416 LOUIS-FRECHETTE STREET		STREET ADDRESS		
CITY-ST-ZIP	CHICOUTIMI, QC g7j 3a4		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 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: Mario Saucier MARIO SAUCIER 2005-04-12 (418) 545-9365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #