

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90180 041 \*\*\*150.00

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # P99000021636</b><br>1. Entity Name<br><b>CAN-AM IMMIGRATION SERVICES INC.</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>3223 NW 10TH TERRACE, STE 610<br/>FORT LAUDERDALE, FL 33309</b>   |  |  | Mailing Address<br><b>3223 NW 10TH TERRACE, STE 610<br/>FORT LAUDERDALE, FL 33309</b> |   |  |
| 2. Principal Place of Business<br><b>3730 Coconut Creek Pkwy<br/>Suite, Apt. #, etc.<br/>Suite 120<br/>Coconut Creek, FL</b>  |  | 3. Mailing Address<br><b>79 Coventry Street<br/>Suite, Apt. #, etc.<br/>Suite 6<br/>Newport, VT</b>                    |   |   |  |
| City & State<br><b>Coconut Creek, FL</b>  |  | City & State<br><b>Newport, VT</b>   |   | 4. FEI Number<br><b>65-0901124</b>  |  |
| Zip<br><b>33066</b>   |  | Country<br><b>U.S.A.</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><b>PARENTEAU, RICHARD SR<br/>3223 NW 10TH TERRACE, STE 610<br/>FORT LAUDERDALE, FL 33309</b>   |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br><b>CAN-AM IMMIGRATION SERVICES INC.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>C/O RICHARD PARENTEAU SR</b><br><b>3730 Coconut Creek Pkwy, Suite 120</b><br>City<br><b>Coconut Creek</b> <b>FL</b> Zip Code<br><b>33066</b> |  |
| 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.<br><div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE: <br/> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>RICHARD PARENTEAU SR</b><br/> <b>President</b> </div> <div style="width: 30%; text-align: right;"> <b>April 24, 2006</b><br/> <small>DATE</small> </div> </div> |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DPS<br>PARENTEAU, SR., RICHARD<br>3223 NW 10TH TERRACE, STE 610<br>FORT LAUDERDALE, FL 33309 | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    | DPS<br>PARENTEAU SR., RICHARD<br>79 Coventry Street, Suite 6<br>Newport, VT 05855-2100  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 all other like empowered.                            |  |  |   |   |  |
| SIGNATURE:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  | Date: <b>April 24, 2006</b> Daytime Phone #: <b>1-800-613-0656</b>                    |   |  |