2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 A Secretary of State

	ANNUAL REPORT				May 01, 2000 00.00			
DOCU 1. Entity Nam H.J.G., IN					Se	cretary	y of State	
1320 GRAH/ SUITE 127	ce of Business AM BLVD. QC H3P3C-8	Mailing Address 1320 GRAHAM BLVD. SUITE 127 MONTREAL, QC H3P3C-8						
	OO NOT WRITE	IN THIS SPA	CE	04262006 4. FEI Numb 98-01	No Chg-P	CR2E034		
	6. Name and Address of Current Re	istered Agent		<u>.</u> .				
GODIN, BERNARD C/O BERGO INC. 21301 POWERLINE RD., STE 207 BOCA RATON, FL 33433			DO NOT WRITE IN THIS SPACE					
8. The above	named entity submits this statement for th	purpose of changing its register	ed office or register	ed agent, or bo	oth, in the State of Fi	orida. 1 am fami	liar with, and accept	
the obligat	tions of registered agent.						•	
SIGNATURE.	Signature, typed or printed name of registered agent and t	ile il anniicable NITTE Registeri	ed Agent signature required	Luchan reinetation)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.	nging _ \$5.	.00 May Be led to Fees				
10.	OFFICERS AND DIF	ECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODIN, JACQUES 1320 GRAHAM BLVD, SUITE 127 MONTREAL,, QC H3P3C8			·	Ugoo	<u>00546205</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST GODIN, BERNARD 21301 POWERLINE ROAD, SUITE BOCA RATON, FL 33433	207			······································	6-80109-	006 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SI	PACE		
TITLE Name Street address City-St-Zip								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								

12. I hereby certify that the information supplied with this filling 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 effect the corporation or the receiver or trustee empowered to effect the corporation or on an attachment with an address, with all of the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26 2006

514-737.3919

Daytime Phone