2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # S83078 03-20-2006 90019 048 ***150.00 1. Entity Name BEAUFORT, INC. Mailing Address Principal Place of Business 6500 TRANS CANADA HIGHWAY #210 6500 TRANS CANADA HIGHWAY #210 ST. LAURENT QUEBEC H4T1X4 ST. LAURENT QUEBEC H4T1X4 50003653 CANADA. XX CANADA, No Chg-P CR2E034 (11/05) 03092006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0285193 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALLEN, LOUIS J ESQ DO NOT WRITE STEARNS WEAVER MILLER WEISSLER ALHADEFF 200 E BROWARD BLVD SUITE 1900 IN THIS SPACE FORT LAUDERDALE, FL 33301 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ZUNENSHINE, MICHAEL NAME STREET ADDRESS 6500 TRANS CANADA HWY SUITE 210 CITY-ST-ZIP ST LAURENT QUEBEC, CA h4t 1x4 TITLE STREET ADORESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP 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 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARCH 10, 2006 (514) 344-1300

FILED Mar 20, 2006 8:00 am