2007 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 20, 2007 8:00 am Secretary of State 08-20-2007 90054 004 ***550.00 DOCUMENT #V16844 AMERACRYL INC. Principal Place of Business Mailing Address 3040 N. ANDREWS AVE., EXT. 151 WHITEHALL DR. MARKHAM ONTARIO 1349T1 L3R 9 T/ POMPANO BEACH, FL 33064 CANADA, 07052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0333685 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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 little if applicable (NOTE. Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE KENDALL, DAWN SANDRA NAME % 3010 N.ANDREWS AVE.EXT STREET ADDRESS POMPANO BEACH, FL CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 true 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 a yard trees, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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