


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 16, 2008 08:00 AM
Secretary of State**

DOCUMENT # V16844 1. Entity Name AMERACRYL INC.	
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Principal Place of Business 3040 N. ANDREWS AVE., EXT. POMPANO BEACH, FL 33064 US	Mailing Address 151 WHITEHALL DR. MARKHAM ONTARIO L3R 9T1 CANADA, XX
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DO NOT WRITE IN THIS SPACE



07102008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0333685	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KENDALL, DAWN SANDRA % 3010 N. ANDREWS AVE. EXT POMPANO BEACH, FL
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07/16/08-80008-022 550.00

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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 fee empowered.

SIGNATURE: *Dawn Kendall* **July 10, 2008** 905-940-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #