

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004832

Entity Name: BARRETTEWOOD USA, INC.

FILED
Feb 15, 2010
Secretary of State

Current Principal Place of Business:

60 ABELE ROAD SUITE 1106
BRIDGEVILLE, PA 15017

New Principal Place of Business:

Current Mailing Address:

740 N. MAIN STREET
BULLS GAP, TN 37711

New Mailing Address:

FEI Number: 26-2849934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C
Name: BARRETTE, YVES
Address: 583 GRAND BERNIER NORD, ST JEAN SUR
City-St-Zip: RICHELIEU QUEBEC CANADA, J3B 8K1

Title: D
Name: BEDARD, MARC
Address: 583 GRAND BERNIER NORD, ST JEAN SUR
City-St-Zip: RICHELIEU QUEBEC CANADA, J3B 8K1

Title: P
Name: BARRETTE, BENOIT
Address: 583 GRAND BERNIER NORD, ST JEAN SUR
City-St-Zip: RICHELIEU QUEBEC CANADA, J3B 8K1

Title: S
Name: BLAIS, MARTIN
Address: 583 GRAND BERNIER NORD, ST JEAN SUR
City-St-Zip: RICHELIEU QUEBEC CANADA, J3B 8K1

Title: T
Name: KOHAGEN, GARY
Address: 740 NORTH MAIN STREET
City-St-Zip: BULLS GAP, TN 37711

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARY KOHAGEN

TREA

02/15/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date