


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90015 033 ***150.00

DOCUMENT # P30427 1. Entity Name MAISONS MARQUES & DOMAINES USA INC.	
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Principal Place of Business 383 FOURTH STREET SUITE 400 OAKLAND, CA 94607	Mailing Address 383 FOURTH STREET SUITE 400 OAKLAND, CA 94607
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40042668



02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3038588	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROUZAUD, JEAN-CLAUDE 21 BLVD. LUNDY REIMS, FRANCE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELL, HOWARD H. 38 LAQUESTA ORINDA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALOGH, GREGORY 383 FOURTH STREET, STE 400 OAKLAND, CA 94607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO FOUILLERON, GUILLAUME 383 FOURTH STREET, STE 400 OAKLAND, CA 94607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 like empowered.

SIGNATURE:  DATE: 02/29/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR