

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2007 8:00 am
Secretary of State

08-13-2007 90020 036 ***150.00
 08-22-2007 90022 037 ***150.00

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07172007 Chg-P CR2E034 (12/06)

DOCUMENT # F96000001350					
1. Entity Name 1039015 ONTARIO LIMITED CORP.					
Principal Place of Business 1788 AVENUE ROAD SUITE E/F TORONTO ONTARIO CANADA, M5M -3Z1			Mailing Address 1788 AVENUE ROAD SUITE E/F TORONTO ONTARIO CANADA, M5M -3Z1		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address P. Koster, 4 GLENGROVE AVE W Suite, Apt. #, etc.		
City & State		City & State TORONTO, ON CANADA M4R 1W4		4. FEI Number 98-0159025	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRUNTON REGISTERED AGENTS INC 4710 NW BOCA RATON BLVD., #101 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC HAYHURST, JAMES 378 FAIRLAWN AVE TORONTO ONTARIO CANADA, M5M 1T8	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	160 PRINCETON SHORES BLD COLLINGWOOD, ON, CANADA L9Y 5C9	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>James Hayhurst</u>			Date: <u>Aug 4/07</u>		Daytime Phone #: <u>416 804 8444</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					