


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90037 050 \*\*\*150.00

**DOCUMENT # F96000001869**

1. Entity Name  
**578788 ONTARIO LIMITED INC.**



40007075



Principal Place of Business      Mailing Address  
**45 PRINCE EDWARD BLVD**      **45 PRINCE EDWARD BLVD**  
**THORNHILL ONTARIO CANADA, L37-761**      **THORNHILL ONTARIO CANADA, L37-761**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

01222007      Chg-P      CR2E034 (12/06)

City & State      City & State  
**Thornhill, Ontario, Canada**      **Thornhill, Ontario, Canada**  
 Zip      Country      Zip      Country  
**L3T 7G1**      **CANADA**      **L3T 7G1**      **CANADA**

4. FEI Number      Applied For  
**NOT APPLICABLE**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SILBER, ARTHUR**  
**1368 BN. STATE RD 7**  
**MARGATE, FL 33063**

7. Name and Address of New Registered Agent  
 Name  
**Silber, Arthur**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1368 N. State Rd 7**  
 City      State      Zip Code  
**Margate, FL 33063**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SILBER, ARTHUR	
STREET ADDRESS	45 PRINCE EDWARD BLVD	
CITY-ST-ZIP	THORNHILL ONTARIO CANADA, L37-761	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SILBER, RILLA	
STREET ADDRESS	45 PRINCE EDWARD BLVD	
CITY-ST-ZIP	THORNHILL ONTARIO CANADA, L37-761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Thornhill, Ontario CANADA L3T 7G1	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Thornhill, Ontario, CANADA L3T 7G1	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Arthur Silber      Date: 454-971-9699  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #