

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 313048

FILED
Jan 16, 2006
Secretary of State

Entity Name: PAUL DAVIS RESTORATION, INC.

Current Principal Place of Business:

1 INDEPENDENT DR
2300
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

1 INDEPENDENT DR
2300
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-1163122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D () Delete
Name: KENNICK, JAY S
Address: 1140 BAY STREET, SUITE 4000
City-St-Zip: TORONTO, ONT CANADA, ON M5S 2B4 CA

Title: CFOT () Delete
Name: ROBINSON, TIM
Address: 1 INDEPENDENT DR., STE. 2300
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: PCEO () Delete
Name: BAKER, SCOTT
Address: 1 INDEPENDENT DR., STE. 2300
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: S () Delete
Name: CLEMENTS, PAUL
Address: 5397 EGLINTON AVE WEST, STE. 108
City-St-Zip: ETOBICOKE, ONT CANADA, ON M9C 5K6 CA

Title: D () Delete
Name: ROGERS, STEVEN S
Address: 5397 EGLINTON AVENUE WEST, STE 108
City-St-Zip: ETOBICOKE, ON., M9C SK9

Title: AT () Delete
Name: COOKE, DOUGLAS G
Address: 1140 BAY STREET, STE 4000
City-St-Zip: TORONTO, ON., M5S 2B4

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY M. ROBINSON

CFOT

01/16/2006

Electronic Signature of Signing Officer or Director

_____ Date