


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90025 043 ***150.00

DOCUMENT # 591632			
1. Entity Name 1234 CORPORATION			
Principal Place of Business C/O CANADA TRUST 46 KING ST E 2ND FLOOR HAMILTON, ONTARIO, CANADA L8K3,		Mailing Address C/O CANADA TRUST 46 KING ST E 2ND FLOOR HAMILTON, ONTARIO, CANADA L8K3, US	
2. Principal Place of Business TD Waterhouse Suite, Apt. #, etc. 5515 N. Service Rd. Ste. 400 City & State Burlington, Ontario Zip L7L6G4 Country Canada		3. Mailing Address TD Waterhouse Suite, Apt. #, etc. 5515 N. Service Rd. Ste. 400 City & State Burlington, Ontario Zip L7L6G4 Country Canada	
4. FEI Number 59-1884473		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 GOETZ, JAMES L 2133 WINKLER AVE #300 FT MYERS, FL 33911		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 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RYCKMAN, STEVEN CANATA TRUST, 46 KING ST., E HAMILTON, ON L8N 3K7, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ryckman, Steven TD Waterhouse, 5515 N-Service Rd. Ste. 400 Burlington, ON L7L6G4 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WEST, CYNTHIA M CANADA TRUST, 46 KING STREET, E HAMILTON, ON L8N 3K7, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST West, Cynthia M TD Waterhouse, 5515 N. service Rd. Ste 400 Burlington, ON L7L6G4 <input checked="" 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 exemption stated in Section 119.07(3)(i), 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: <i>Cynthia West</i>		Date: <i>Mar 3/05</i> 905 315-1514	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	