

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 831096

FILED
Mar 22, 2005
Secretary of State

Entity Name: MASONITE CORPORATION

Current Principal Place of Business:

1 N. DALE MABRY
#950
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

1 N. DALE MABRY
#950
TAMPA, FL 33609

New Mailing Address:

FEI Number: 64-0198020 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACLSACE, STEVE
1 N DALE MABRY
#950
TAMPA, FL 33609 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: PD () Delete
Name: MORRISON, HAMES U
Address: 1 N. DALE MABRY HWY.#950
City-St-Zip: TAMPA, FL 33609

Title: VS () Delete
Name: ULSTER, HARLEY
Address: 1600 BRITANNIA RD. E
City-St-Zip: MISSISSAUGA, ON, L4W 1J2

Title: VPTD () Delete
Name: TUBBESING, ROBERT
Address: 1600 BRITANNIA RD. E
City-St-Zip: MISSISSAUGA, ON, L4W 1J2

Title: VD () Delete
Name: MACLSAAC, STEVE
Address: 1 N.DALE MABRY HWY,#950
City-St-Zip: TAMPA, FL 33609

Title: V () Delete
Name: BERNARDS, PAUL
Address: 1600 BRITANNIA RD. E
City-St-Zip: MISSISSAUGA,ONTARIO L4W1J2, OC

Title: VAS () Delete
Name: ELLIS, DANIEL G
Address: 1 N.DALE MABRY HWY, #950
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MORRISON, JAMES U
Address: 1 N. DALE MABRY HWY.#950
City-St-Zip: TAMPA, FL 33609

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

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

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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 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 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: STEVE MACISAAC

Electronic Signature of Signing Officer or Director

V

03/22/2005

_____ Date