


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Aug 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000001677
 1. Entity Name
 ONTARIO INVESTMENTS, INC.



Principal Place of Business 6666 OLD COLLAMER ROAD EAST SYRACUSE, NY 13057	Mailing Address 6666 OLD COLLAMER ROAD EAST SYRACUSE, NY 13057
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DO NOT WRITE IN THIS SPACE



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1224033	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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARSALLO, JAMES M 6666 OLD COLLAMER ROAD EAST SYRACUSE, NY 13057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARSALLO, JAMES M JR. 6666 OLD COLLAMER ROAD EAST SYRACUSE, NY 13057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARSALLO, MARYANN 6666 OLD COLLAMER ROAD EAST SYRACUSE, NY 13057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARSALLO, MICHAEL S 6666 OLD COLLAMER ROAD EAST SYRACUSE, NY 13057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 an other, like empowered.

SIGNATURE:  Date: 8-07-06 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR