

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003196

FILED
Apr 29, 2009
Secretary of State

Entity Name: COGSDALE CORPORATION

Current Principal Place of Business:

14 MACALEER DRIVE
SUITE 5
CHARLOTTETOWN, PE C1E 2A1 CA

New Principal Place of Business:

Current Mailing Address:

14 MACALEER DRIVE
SUITE 5
CHARLOTTETOWN, PE C1E 2A1 CA

New Mailing Address:

FEI Number: 98-0363498 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIPPY, DAREN L
2548 BLAIRSTONE PINES DRIVE
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

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: D.E. HOWARTH

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHAW, DUNCAN
Address: 58 GEORGE SAMUEL DRIVE
City-St-Zip: HAMMONS PLAINS NOVA SCOTIA B,

Title: PD () Delete
Name: PERRY, DAVID
Address: 8 GAMMA COURT OTTAWA
City-St-Zip: ONTARIO K2J 3W8 CANADA,

Title: VD () Delete
Name: MACKAY, DARREN
Address: 23 MARIANNE DRIVE
City-St-Zip: CORNWALL PEZ COA 1H0 CANADA,

Title: ST () Delete
Name: GAUDIN, TODD
Address: 96 WESTRIDGE CRESCENT
City-St-Zip: CHARLOTTETOWN PEZ CIA 9E7,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHAW, DUNCAN
Address: 58 GEORGE SAMUEL DRIVE
City-St-Zip: HAMMONS PLAINS, NS B4B 1L9 CA

Title: PD (X) Change () Addition
Name: PERRY, DAVID
Address: 8 GAMMA COURT
City-St-Zip: OTTAWA, ON K2J 3W8 CA

Title: VD (X) Change () Addition
Name: MACKAY, DARREN
Address: 23 MARIANNE DRIVE
City-St-Zip: CORNWALL, PE C0A 1H0 CA

Title: ST (X) Change () Addition
Name: GAUDIN, TODD
Address: 96 WESTRIDGE CRESCENT
City-St-Zip: CHARLOTTETOWN, PE C1A 9E7 CA

I hereby certify that the information supplied with this filing does not qualify 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: TODD GAUDIN

CFO

04/29/2009

Electronic Signature of Signing Officer or Director

Date