

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F93000005131

1. Entity Name
T.R.L. KEY, INC.



FILED
Aug 23, 2005 08:00 AM
Secretary of State

Principal Place of Business: 920 YONGE ST., #100 TORONTO ONTARIO M4W3C7 CANADA XX
Mailing Address: 920 YONGE ST., #100 TORONTO ONTARIO M4W3C7 CANADA XX



2nd MOORE CR2E034 (5/05)

2. Principal Place of Business: Suite, Apt #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt #, etc. City & State Zip Country

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 PINE ISLAND RD.
PLANTATION FL 33324

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 \$550.00
DUE BY September 7, 2005
Make Check Payable to Florida Department of State

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOPER, RICHARD 920 YONGE ST. TORONTO, ONTARIO CANADA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOPER, SYDNEY C 920 YONGE ST. TORONTO, ONTARIO CANADA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BEKHOR, EDWARD 920 YONGE ST. TORONTO, ONTARIO CANADA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000376945 08/23/05-80001-020 150.00
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Richard Cooper RICHARD COOPER August 3, 2005 416 964 1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #