

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90357 003 ***150.00

DOCUMENT # F96000001350			
1. Entity Name 1039015 ONTARIO LIMITED CORP.			
Principal Place of Business 1788 AVENUE ROAD SUITE E/F TORONTO, ON, CANADA M5M3Z1, XX		Mailing Address P. KOSTER 4 GLENGROVE AVE W. TORONTO, ON, CANADA M4R1N4, XX	
2. Principal Place of Business - No P.O. Box # 160 PRINCETON SHORES BLVD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State COLLINGWOOD, Ontario		City & State	
Zip L9Y 5C9	Country CANADA	Zip	Country
4. FEI Number 98-0159025		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 BRUNTON REGISTERED AGENTS INC 4710 NW BOCA RATON BLVD., #101 BOCA RATON, FL 33431		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, 2008 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	PDC HAYHURST, JAMES 160 PRINCETON SHORE BLVD COLLINGWOOD CANADA, ON I9y sc9 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.			
SIGNATURE: <u><i>J. M. Kost</i></u>		Date: <u>April 23/08</u> 239 762 6850	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

cell 416 804 8444