


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90033 010 ***150.00

DOCUMENT # F96000001869

1. Entity Name
578788 ONTARIO LIMITED INC.



Principal Place of Business
**45 PRINCE EDWARD BLVD
 THRONHILL ONTARIO CANADA, L37 -7G1**


Mailing Address
**45 PRINCE EDWARD BLVD
 THRONHILL ONTARIO CANADA, L37 -7G1**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Thornhill Ontario CANADA

Zip Country
 Zip Country



01232006 Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

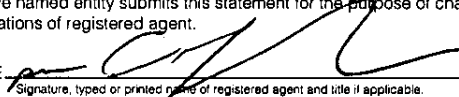
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SILBER, ARTHUR
 1394 N. STATE RD 7
 MARGATE, FL 33063**

7. Name and Address of New Registered Agent
 Name
Silber, ARTHUR
 Street Address (P.O. Box Number is Not Acceptable)
1368 N. STATE RD F
 City
Margate FL Zip Code
33063

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 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	PD SILBER, ARTHUR 45 PRINCE EDWARD BLVD THRONHILL ONTARIO CANADA, L37 7G1 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thornhill, Ont
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SILBER, RILLA 45 PRINCE EDWARD BLVD THRONHILL ONTARIO CANADA, L37 7G1 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thornhill
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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:  DATE _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR