


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

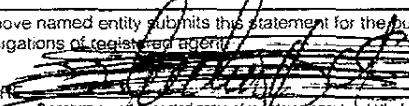
DOCUMENT # F97000004807			
1. Entity Name 1073906 ONTARIO INC.			
Principal Place of Business 901 DUPLEX AVENUE TORONTO ONTARIO CANADA M4R1X1		Mailing Address 901 DUPLEX AVENUE TORONTO ONTARIO CANADA M4R1X1	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, RICHARD W ESQ 1700 9TH ST N., SUITE A ST PETERSBURG FL 33704		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:  PLEASE IGNORE 3 FEB. 2004
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when your name is changed.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	T HUYCKE, F. ARTHUR 901 DUPLEX AVENUE TORONTO, ONTARIO ma-r1x1	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000042462 02/10/04-80025-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUYCKE, JOAN 901 DUPLEX AVENUE TORONTO, ONTARIO mar- 1x1	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"/> Delete	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"/> Delete	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"/> Delete	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"/> 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 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 empowerments.

SIGNATURE:  **F. ARTHUR HUYCKE** 3 FEB. 2004 416 481 9406
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #