

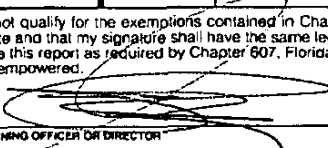


2007 FOR PROFIT CORPORATION ANNUAL REPORT

3/ **FILED**
Apr 02, 2007 8:00 am
Secretary of State

03-08-2007 90010 015 ***150.00

DOCUMENT # L06202			
1. Entity Name WATERFORD PROPERTY HOLDINGS, INC.			
Principal Place of Business 11 CHURCH ST #200 TORONTO ONTARIO M531W1 CANADA, ON MSE 1-W1 CA		Mailing Address 11 CHURCH ST #200 TORONTO ONTARIO M531W1 CANADA, ON MSE 1-W1 CA	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SMITH, RALPH 6003 RIVERSIDE DRIVE YANKEETOWN, FL 34498		7. Name and Address of New Registered Agent Name RALPH SMITH Street Address (P.O. Box Number is Not Acceptable) 6019 153 ROAD City LIVE OAK FL Zip Code 32060	
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 RALPH SMITH  DATE 3/5/07 <small>Signature, typed or printed name of registered agent and title if applicable. (Typed Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$650.00		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	PSD POWERS, THOMAS E 11 CHURCH STREET, STE. 200 TORONTO, ONT., ON MSE 1W1 <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
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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: POWERS TOM 		DATE: 3AN/8/2007 (416) 861-5787	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE DAYTIME PHONE #</small>	



01082007 Chg-P CR2E034 (12/06)

4. FEI Number **98-0101014** Applied For Not Applicable

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