

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M76673

FILED
Feb 13, 2007
Secretary of State

Entity Name: CLOSET TAMERS, INC.

Current Principal Place of Business:

3520 AGRICULTURAL CENTER DR
SUITE 310
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

% CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 65-0088621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: ROGERS, STEVEN S
Address: 5397 EGLINTON AVE. W. SUITE 108
City-St-Zip: ONTARIO, CA M9C 5K6

Title: STD () Delete
Name: CLEMENTS, PAUL W
Address: 5397 EGLINTON AVE. WEST, SUITE 108
City-St-Zip: ONTARIO, CA M9C 5K6

Title: PD () Delete
Name: VAN DER BURGT, ANDREW
Address: 3520 AGRICULTURAL CENTER DR SUITE 310
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: AS () Delete
Name: FRIEDRICHSEN, JOHN B
Address: 1140 BAY STREET, SUITE 4000
City-St-Zip: TORONTO, ONTARIO, M5S 284

Title: AT () Delete
Name: COOKE, DOUGLAS G
Address: 1140 BAY STREET, SUITE 4000
City-St-Zip: TORONTO, ONTARIO, M5S 2B4

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL W. CLEMENTS

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02/13/2007

Electronic Signature of Signing Officer or Director

_____ Date