

# 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