

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132157

FILED
Mar 15, 2007
Secretary of State

Entity Name: CASTLEROCK INCORPORATED

Current Principal Place of Business:

9455 COLLINS AVE.
APT 307
SURFSIDE, FL 33154

New Principal Place of Business:

Current Mailing Address:

MATTHEW MOYAL 8 FINCH AVE WEST
TORONTO ONTARIO
CANADA M2N 6L1, ON M2N6L1 XX

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOYAL, MATTHEW
9455 COLLINS AVE., UNIT 307
SURFSIDE, FL 33154 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: D () Delete
Name: MOYAL, MATTHEW
Address: 9455 COLLINS AVE., UNIT 307
City-St-Zip: SURFSIDE, FL 33154

Title: D () Delete
Name: MOYAL, ESTHER
Address: 9455 COLLINS AVE., UNIT 307
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MATTHEW MOYAL

D

03/15/2007

Electronic Signature of Signing Officer or Director

_____ Date