

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90027 040 ***150.00

DOCUMENT # P04000112060
 1. Entity Name
 DAWSCO (PB) REALTY CORPORATION



Principal Place of Business: 1 N CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401
 Mailing Address: 1 N CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401

50004635



2. Principal Place of Business: 3200 N. Military Trail, Suite, Apt. #, etc. 4th FL, FL
 3. Mailing Address: 3200 N. Military Trail, Suite, Apt. #, etc. 4th FL, FL

02222006 Chg-P CR2E034 (11/05)

City & State: Boca Raton, FL
 Zip: 33431, Country: USA

4. FEI Number: 20-2603795
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WIENER, DAVID J
 1 N CLEMATIS STREET SUITE 305
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent
 Name: David J. Wiener
 Street Address (P.O. Box Number is Not Acceptable): 3200 N. Military Trail
 City: Boca Raton, FL 33431

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: *[Signature]* DATE: 3-8-06
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. 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	D COHEN, PETER F 30 ST CLAIR AVE WEST SUITE 1400 TORONTO ONTARIO CANADA, M4V 3A1 <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: *[Signature]* Date: March 8, 2006 Daytime Phone #: 416-515-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR