

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38037

FILED
Feb 20, 2007
Secretary of State

Entity Name: CERTA PROPAINTERS LTD. INC.

Current Principal Place of Business:

150 GREEN TREE RD
SUITE 1003
OAKS, PA 19456 US

New Principal Place of Business:

Current Mailing Address:

C/O CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 04-3140719 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: ASCF () Delete
Name: LEIBY, JAMES S
Address: 150 GREEN TREE ROAD, SUITE 1003
City-St-Zip: OAKS, PA 19456

Title: PD () Delete
Name: CHARE, CHARLES E
Address: 150 GREEN TREE ROAD, SUITE 1003
City-St-Zip: OAKS, PA 19456

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

Title: D () Delete
Name: ROGERS, STEVEN S.,
Address: 5397 EGLINTON AVE. WEST, SUITE 108
City-St-Zip: ETOBICOKE, ONTARIO, CANADA, M9C 5K6

Title: AS () Delete
Name: FRIEDRICKSEN, JOHN B
Address: 1140 BAY STREET STE 4000
City-St-Zip: TORONTO, ON, M5S 2B4

Title: AT () Delete
Name: COOKE, DOUGLAS G
Address: 1140 BAY STREET STE 4000
City-St-Zip: TORONTO, ON, 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
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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: JAMES S LEIBY

AS

02/20/2007

Electronic Signature of Signing Officer or Director

_____ Date