

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39683

Entity Name: 150666 CANADA INC.

FILED  
Apr 30, 2008  
Secretary of State

**Current Principal Place of Business:**

955 RICHMOND ROAD  
OTTAWA, ON K2B 6R1

**New Principal Place of Business:**

**Current Mailing Address:**

955 RICHMOND ROAD  
OTTAWA, ON K2B 6R1

**New Mailing Address:**

FEI Number: 52-1788645

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LASKA, JOEL  
3850 GALT OCEAN DR.  
APT 1501  
FORT LAUDERDALE, FL 33308 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: PS ( ) Delete  
Name: DILAWRI, KAY  
Address: 5 NESBITT ST.  
City-St-Zip: OTTAWA, ONTARIO CANADA,

Title: VPF ( ) Delete  
Name: HASAN, KHALID  
Address: 955 RICHMOND ROAD  
City-St-Zip: OTTAWA, ONTARIO CANADA,

**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 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: KEWAL DILAWRI

PS

04/30/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date