2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

FILED Mar 03, 2008 08:00 A Secretary of State

ח	0	CI	IN	/FI	NT	#	P93	n)Di	05	20	70
L	${f -}$	\mathbf{c}	JΙV	/ [V	77		v	,,,	UU.		, ,

1. Entity Name

OLDLAND FLORIDA ENTERPRISES, INC.



Principal Place of Business

Mailing Address

68 BALMORAL AVE TORONTO QUEBEC M4V1J4 CANADA, ХΧ

68 BALMORAL AVE

TORONTO, CN m4-v1j4 OC



02182008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0454739 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, DONNA M CPA 1515 TAMIAMI TRAIL SOUTH, STE 4 VENICE, FL 34285

DO NOT WRITE IN THIS SDACE

					THOUTAGE			
	named entity submits this statement for the pi ions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bot	n, in the State of Florida. I am familiar with, and accept			
SIGNATURE	Signature, typed or printed name of registered agent and title in	applicable (NOTE: Registered A	i Agent signature required when reinstaling) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS		•				
TITLE	D							
NAME STREET ADDRESS	OLDLAND, JOHN 68 BALMORAL AVE							
CITY-ST-ZIP	TORONTO, CN m4vtj4							
TITLE	D				U00000845870			
NAME	OLDLAND, ALICE		U00000845870 03/18/08-80005-010 150.00					
STREET ADDRESS	68 BALMORAL AVE							
CITY-ST-ZIP	TORONTO, CN m4v1j4							
TITLE					The same of the same of the same			
NAME STREET ADDRESS								
CITY-ST-ZIP				DO	NOT WRITE			
TITLE				IAI 7	THIS SPACE			
NAME				111	I NIS SPACE			
STREET ADDRESS								
CITY-ST-ZIP								
TITLE								
NAME STREET ADDRESS								
CITY-ST-ZIP	•							
TITLE								
NAME								
STREET ADDRESS		ľ						
CITY-ST-ZIP		,						

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 attach floring with an address, with all other like empowered

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 26, 2008

Daytime Phone #