
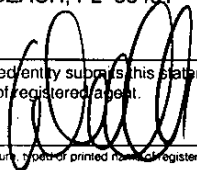
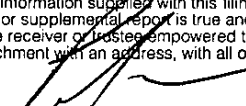


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

03-22-2006 90027 039 \*\*\*150.00

DOCUMENT # P94000084125			
1. Entity Name DAWSCO PROPERTY (US) CORP.			
Principal Place of Business ONE NORTH CLEMATIS ST. SUITE 305 WEST PALM BEACH, FL 33401 US		Mailing Address ONE NORTH CLEMATIS ST. SUITE 305 WEST PALM BEACH, FL 33401 US	
2. Principal Place of Business 3200 N. Military Trail Suite, Apt. #, etc. 4th FL		3. Mailing Address 3200 N. Military Trail Suite, Apt. #, etc. 4th FL	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33431 Country USA		Zip 33431 Country USA	
6. Name and Address of Current Registered Agent WIENER, DAVID J ONE NORTH CLEMATIS ST. 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 4th FL 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  DATE 3-8-06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME COHEN, PETER STREET ADDRESS 30 ST CLAIR AVE W STE 1400 CITY-ST-ZIP TORONTO, ONTARIO, CANADA, m4v3a1	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME COHEN, RICKY S STREET ADDRESS 30 ST CLAIR AVE W STE 1400 CITY-ST-ZIP TORONTO, ONTARIO, CANADA, m4v3a1	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME STUPP, LILLIAN STREET ADDRESS 30 ST CLAIR AVE W STE 1400 CITY-ST-ZIP TORONTO, ONTARIO, CANADA, m4v3a1	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date March 8, 2006 Daytime Phone # 416-515-1440	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

50004636



02222006 Chg-P CR2E034 (11/05)

4. FEI Number 98-0150618 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required