



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90173 014 \*\*\*150.00

<b>DOCUMENT # P01000105824</b> 1. Entity Name <b>JUPITER 2002, INC.</b>					
Principal Place of Business <b>120 EGLINTON AVE EAST, SUITE 500</b> <b>TORONTO, ON M4P1E2,</b>			Mailing Address <b>120 EGLINTON AVE EAST, SUITE 500</b> <b>TORONTO, ON M4P1E2,</b>		
2. Principal Place of Business <b>120 EGLINTON AVE. EAST</b> Suite, Apt. #, etc. <b>SUITE 500</b>		3. Mailing Address <b>(SAME)</b> Suite, Apt. #, etc.			
City & State <b>TORONTO, ON</b>		City & State		4. FEI Number <b>65-1149109</b>	
Zip <b>M4P 1E2</b>		Country <b>CANADA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KELLY, ANDREAS M</b> <b>2333 PONCE DE LION BLVD</b> <b>STE 550</b> <b>MIAMI, FL 33134</b>				7. Name and Address of New Registered Agent  Name <b>CONTACT CAPITAL GROUP, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>ARCADE AT ROYAL PALM 1</b> <b>950 SOUTH PINE ISLAND RD., #150A-106</b> City <b>PLANTATION</b> <b>FL</b> Zip Code <b>33324</b>	
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. <b>LUCY HARRIS, DIRECTOR, PROJECT IMPLEMENTATION (PI)</b> SIGNATURE <b>CONTACT CAPITAL GROUP, INC.</b> <i>[Signature]</i> <b>APRIL 22, 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete <b>HINES, J. PAUL</b> <b>120 EGLINTON AVE EAST, SUITE 500</b> <b>TORONTO, ON M4P1E2,</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete <b>HINES, J. PAUL</b> <b>120 EGLINTON AVE. EAST,</b> <b>SUITE 500</b> <b>TORONTO, ON M4P 1E2</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: J. PAUL HINES, DIRECTOR</b> <i>[Signature]</i> <b>Apr 22, 04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

416-481-9333