


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90061 038 \*\*\*150.00

<b>DOCUMENT # 430905</b>	
1. Entity Name KINGFIELD INVESTMENTS, INC.	

Principal Place of Business ATTN: H.M. BURNS 3000 STEELES AVE. E. MARKHAM, ONTARIO, CANADA, ON L3R 9W2 CA	Mailing Address ATTN: H.M. BURNS 3000 STEELES AVE. E. MARKHAM, ONTARIO, CANADA, ON L3R 9W2 CA
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**DO NOT WRITE IN THIS SPACE**

1314 King Vaughan Rd  
L6A 2A5  
Maple Ont Canada

02042005 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUNTON REGISTERED AGENTS, INC.  
4710 N.W. 2ND AVENUE  
#101  
BOCA RATON, FL 33431

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURNS, H. MICHAEL 1314 KING VAUGHAN RD. MAPLE ONTARIO, CN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURNS, S P 1314 KING VAUGHAN RD MAPLE ONTARIO, CN
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

**SIGNATURE:** H.M. Burns **H.M. Burns** FEB 8/05 **905 773 4472**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #