
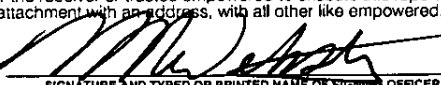


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90361 007 \*\*\*150.00

<b>DOCUMENT # F00000005671</b> 1. Entity Name <b>READ JONES CHRISTOFFERSON LTD.</b> <b>(INCORPORATED)</b>					
Principal Place of Business <b>1285 WEST BROADWAY, 3RD FL</b> <b>BC CANADA V6H 3X8,</b>			Mailing Address <b>1285 WEST BROADWAY, 3RD FL</b> <b>BC CANADA V6H 3X8, CN v6h-3x8</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>98-0345716</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="text-align: right;"><b>FL</b></div> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEBSTER, NORMAN		NAME	CLARK, DOUGLAS	
STREET ADDRESS	52 WOODMOUNT RISE S.W.		STREET ADDRESS	3rd FLOOR, 1285 WEST BROADWAY	
CITY-ST-ZIP	CALGARY, ALBERTA,		CITY-ST-ZIP	VANCOUVER, B.C. CANADA V6H 3X8	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARDER, JOHN		NAME	STONE, TED	
STREET ADDRESS	134-7TH AVENUE SW		STREET ADDRESS	100, 14904 123 AVENUE	
CITY-ST-ZIP	CALGARY ALBERTA, CN t2w 4t5		CITY-ST-ZIP	EDMONTON, ALBERTA CANADA T5V 1B4	
TITLE	S	<input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CORBETT, JEFFREY T		NAME	LAUSTSEN, KENNETH	
STREET ADDRESS	5313 KETCH PLACE		STREET ADDRESS	500, 1816 CROWCHILD TRAIL NW	
CITY-ST-ZIP	DELTA BC,		CITY-ST-ZIP	CALGARY, ALBERTA CANADA T2M 3Y7	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRENNER, RONALD		NAME	JOHNSON, BRUCE	
STREET ADDRESS	1989 GRANDVIEW AVENUE		STREET ADDRESS	#220, 645 TYEE ROAD	
CITY-ST-ZIP	VICTORIA BC, CN v8n 2v2		CITY-ST-ZIP	VICTORIA, B.C. CANADA V9A 6X5	
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERRI, GINO L		NAME		
STREET ADDRESS	22 WHITE OAKS ESTATE		STREET ADDRESS		
CITY-ST-ZIP	ST ALBERT, ALBERTA, CN t8n 3m2		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KULA, PETER		NAME		
STREET ADDRESS	399 GLENLAKE AVE		STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONT, CN m6p 1g5		CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: APR 14, 2005 (403) Daytime Phone #: 283-5073		