

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90406 020 \*\*\*150.00

**DOCUMENT # P35253**

1. Entity Name  
**AIPEG PROPERTY CORPORATION**



Principal Place of Business  
**C/O C T CORPORATION SYSTEM  
P.O. BOX 631  
WILMINGTON, DE 19899**

Mailing Address  
**50 BARTOR ROAD  
TORONTO ONTARIO CANADA  
M9M 295, XX**

**50008357**



2. Principal Place of Business

3. Mailing Address

**50 BARTOR ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232006

Chg-P

CR2E034 (11/05)

City & State

City & State

**TORONTO ONTARIO**

4. FEI Number  
**51-0034548**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**M9M2G5**

**CANADA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME ROSE, BARRIE D.  
STREET ADDRESS 110 BLOOR STREET WEST, # 905  
CITY-ST-ZIP TORONTO, ONT., CANADA,

TITLE AS ☐ Delete  
NAME ROSE, JOHN A.  
STREET ADDRESS 165 OLD FOREST HILL ROAD  
CITY-ST-ZIP TORONTO, ONT., CANADA,

TITLE AS ☐ Delete  
NAME ROSE, PAUL A.  
STREET ADDRESS 110 BLOOR STREET WEST, # 905  
CITY-ST-ZIP TORONTO, ONT., CANADA,

TITLE AS ☐ Delete  
NAME ROSE, ROBERT A.  
STREET ADDRESS 44 ST JOSEPH ST. APT 2614  
CITY-ST-ZIP TORONTO, ONT., CANADA,

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME ROSE, PAUL A.  
STREET ADDRESS 94 PLEASANT BLVD.  
CITY-ST-ZIP TORONTO, ONTARIO, CANADA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 attachment with an address, with all other like empowered.

SIGNATURE: **BARRIE D. ROSE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**APR 23/06 4167453333**