# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 25, 2006 8:00 am**
**Secretary of State**
07-25-2006 90027 016 ***150.00

DOCUMENT # F93000005131

1. Entity Name
T.R.L. KEY, INC.

50023085

| Principal Place of Business | Mailing Address |
|---|---|
| 920 YONGE ST.,#100<br>TORONTO ONTARIO M4W3C7<br>CANADA, XX | 920 YONGE ST.,#100<br>TORONTO ONTARIO M4W3C7<br>CANADA, XX |

07062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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)

**FILE NOW!!! FEE IS $150.00**
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | COOPER, RICHARD |
| STREET ADDRESS | 920 YONGE ST. |
| CITY-ST-ZIP | TORONTO, ONTARIO CANADA, |
| TITLE | V |
| NAME | COOPER, SYDNEY C |
| STREET ADDRESS | 920 YONGE ST. |
| CITY-ST-ZIP | TORONTO, ONTARIO CANADA, |
| TITLE | VST |
| NAME | BEKHOR, EDWARD |
| STREET ADDRESS | 920 YONGE ST. |
| CITY-ST-ZIP | TORONTO, ONTARIO CANADA, |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** _____ July 5 2006 416 964 1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RICHARD. M. COOPER