

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # F93000000607

1. Entity Name
136401 CANADA INC.



Principal Place of Business
1537 ALINE AVE
ORLEANS ONTARIO CANADA, CA k4-a344

Mailing Address
1537 ALINE AVE
ORLEANS ONTARIO CANADA, CA k4-a344



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1814359

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRUNTON REGISTERED AGENTS INC.
4710 N.W. BOCA RATON BLVD., #101
BOCA RATON, FL 33431

**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 _____

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
P
FINLAY, THERESE
STREET ADDRESS
9 WICK CRESCENT
CITY- ST- ZIP
GLOUCESTER, ON K1J JH1

TITLE
NAME
S
FINLAY PARENT, DEBORAH
STREET ADDRESS
1537 ALINE AVE.
CITY- ST- ZIP
ORLEANS, ON K4A-3Y7,

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000674212
03/29/07-80060-018 150.00

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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: Therese Finlay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 14/07 613-590-7630
Date Luytens Phone #