

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
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



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1814359

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

Applied For
Not Applicable

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, 2008 Fee will be \$550.00

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

000000853089
03/26/08-80055-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FINLAY, THERESE
STREET ADDRESS	9 WICK CRESCENT
CITY-ST-ZIP	GLOUCESTER, ON K1J JH1
TITLE	S
NAME	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	
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: Therese Finlay T. FINLAY March 11/08 613-590 7630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #