

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003246

Entity Name: 833326 ONTARIO, INC.

FILED
Feb 25, 2009
Secretary of State

Current Principal Place of Business:

1-2303 HILL RIDGE COURT
OAKVILLE ONTARIO
CANADA, CA L6M 3N3 CA

New Principal Place of Business:

Current Mailing Address:

1-2303 HILL RIDGE COURT
OAKVILLE ONTARIO
CANADA, CA L6M 3N3 CA

New Mailing Address:

FEI Number: 58-2629257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, BRUCE
6701 NW 71 CT
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDP () Delete
Name: SARIC, VICTOR
Address: 1-2303 HILL RIDGE COURT
City-St-Zip: OAKVILLE ON CANADA, CA L6M 3N3 CA

Title: S () Delete
Name: SARIC, HELEN
Address: 1-2323 HILL RIDGE COURT
City-St-Zip: OAKVILLE ON. CANADA, CA L6M 3N3 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR SARIC

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02/25/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date