

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001204

FILED
Apr 23, 2009
Secretary of State

Entity Name: 1162191 ONTARIO LIMITED COMPANY

Current Principal Place of Business:

1081 HALLS ROAD
PORT CARLING
ONTARIO, CANADA P0B 1J0,

New Principal Place of Business:

1081 HALLS ROAD
PORT CARLING, ON P0B1J0 CA

Current Mailing Address:

1081 HALLS ROAD
PORT CARLING
ONTARIO, CANADA P0B 1J0,

New Mailing Address:

1081 HALLS ROAD
PORT CARLING, ON P0B1J0 CA

FEI Number: 98-0207835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WBG - SW FLORIDA, INC.
3461 BONITA BAY BLVD., STE 101
BONITA SPRINGS, FL 34134 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: PD () Delete
Name: PARSONS, ROBERT S
Address: 1081 HALLS ROAD
City-St-Zip: PT CARLING, ONTARIO, CANADA, POB 1J0

Title: ST () Delete
Name: PARSONS, ANN
Address: 1081 HALLS ROAD
City-St-Zip: PORT CARLING, ONTARIO CANADA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PARSONS, ROBERT S
Address: 1081 HALLS ROAD
City-St-Zip: PORT CARLING, ON P0B1J0 CA

Title: ST (X) Change () Addition
Name: PARSONS, ANN
Address: 1081 HALLS ROAD
City-St-Zip: PORT CARLING, ON P0B1J0 CA

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: ROBERT S PARSONS

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date