

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000060821

**Entity Name:** NADC (LYNDEN PARK) INC.**Current Principal Place of Business:**400 CLEMATIS STREET, SUITE 201  
WEST PALM BEACH, FL 33401**Current Mailing Address:**2851 JOHN ST., SUITE ONE  
MARKHAM, ONTARIO L3R 5R7 CA**FEI Number:** 30-0842910**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 US*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**Officer/Director Detail :**

|                 |                                |
|-----------------|--------------------------------|
| Title           | PRESIDENT, DIRECTOR            |
| Name            | PRESTON, JOHN W.S.             |
| Address         | 400 CLEMATIS STREET, SUITE 201 |
| City-State-Zip: | WEST PALM BEACH FL 33401       |

|                 |                       |
|-----------------|-----------------------|
| Title           | VP                    |
| Name            | PRESTON, STEPHEN S.B. |
| Address         | 3508 SAINT JOHNS DR   |
| City-State-Zip: | DALLAS TEXAS 75205    |

|                 |                                       |
|-----------------|---------------------------------------|
| Title           | VP, SECRETARY, TREASURER,<br>DIRECTOR |
| Name            | GREEN, ROBERT S.                      |
| Address         | 2851 JOHN ST., SUITE ONE              |
| City-State-Zip: | MARKHAM ONTARIO L3R 5R7               |

|                 |                                |
|-----------------|--------------------------------|
| Title           | VP                             |
| Name            | PRESTON, JEFFREY               |
| Address         | 400 CLEMATIS STREET, SUITE 201 |
| City-State-Zip: | WEST PALM BEACH FL 33401       |

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROBERT S. GREEN**SECRETARY, BY**  
LYNNETTE PENALBERT,  
ATTORNEY-IN-FACT**04/13/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date