## 2007 FOR PROFIT CORPORATION

## **Secretary of State** ANNUAL REPORT 03-30-2007 90143 028 \*\*\*150.00 **DOCUMENT #207442** MAPLE LEAF CO INC Mailing Address 40046047 Principal Place of Business 2676 W 33RD AVENUE 2676 W 33RD AVENUE VANCOUVER B.C., CANADA, CA v6n-2e6 VANCOUVER B.C., CANADA, CA v6n-2e6 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212007 CR2E034 (12/06) Chg-P 4. FEI Number Applied For City & State City & State 59-6065765 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YATES, WILLIAM O. Street Address (P.O. Box Number is Not Acceptable) 9999 N.E. 2ND AVENUE MIAMI SHORES, FL 33158 City Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change PD TITLE ☐ Addition TITLE Delete PD PROTIN, THERESE NAME NAME BERNER, MONIQUE Vancouver B.C. STREET ADDRESS STREET ADDRESS 2676 W 33RD AVE 2676 W. 33d. Avenue V6N 2E6 Canada CITY-ST-ZIP VANCOUVER B.C., CANADA, CA v6n 2e6 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE BERNER, ANDRE NAME NAME STREET ADDRESS 2676 WEST 33RD AVE. STREET ADDRESS CITY - ST - ZIP VANCOUVER, B.C., CITY-ST-ZIP ☐ Change Addition TITLE X Detete TITLE n BERNER, MONIQUE NAME NAME BERNER, ROBERT Burnaby B.C. STREET ADDRESS 2676 WEST 33RD AVE. STREET ADDRESS 1570 Howard Ave. V5B 3S3 Canada CITY-ST-ZIP VANCOUVER, B.C., CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition TITLE ☐ Delete TILLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CHY-ST-ZIP

TITLE

NAME

☐ Delete

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CITY-ST-7/P

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>March 22, 2007 604 736 2568</u>

FILED Mar 30, 2007 8:00 am

☐ Change

Addition