

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90353 009 ***150.00

DOCUMENT # 439920

1. Entity Name
TOP GALLANT CORPORATION



Principal Place of Business

**863 PRINCESS STREET
SUITE 401
KINGSTON, ON k7-l5n4**

Mailing Address

**863 PRINCESS STREET
SUITE 401
KINGSTON, ON k7-l5n4**

900000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRUNTON REGISTERED AGENTS INC.
4710 N.W. BOCA RATON BLVD.
SUITE 101
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name

Brunton-McCarthy CPA Firm

Street Address (P.O. Box Number is Not Acceptable)

4710 NW 2ND Avenue Suite #101

City

Boca Raton

FL

Zip Code

33431 USA

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ROSEN, SYLVIA
STREET ADDRESS 863 PRINCESS ST STE 302 401
CITY-ST-ZIP KINGSTON, ONT, CANADA, k7l5n4

TITLE D ☐ Delete
NAME ROSEN, HARVEY
STREET ADDRESS 863 PRINCESS ST STE 302 401
CITY-ST-ZIP KINGSTON, ONT, CANADA, k7l5n4

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

HARVEY ROSEN, DIRECTOR

11/04/06 (613) 542-0476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #