

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # 446186

**Mailing Address**  
**1980 N. ATLANTIC AVENUE**  
**SUITE 918**  
**COCOA BEACH, FL 32931**

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Zip

Country

Chg-P

CR2E034 (12/06)

4. FEI Number

59-1519886

Applied For	
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Not Applicable
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### 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.**

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P:	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Queenie Leibel		
STREET ADDRESS	500 Avenue Rd., Apt. 1006,		
CITY-ST-ZIP	Toronto, ON, Canada M4V 2J6		

TITLE	S.	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Robin Leibel		
STREET ADDRESS	209 Soudan Ave.		
CITY-ST-ZIP	Toronto, ON, Canada M4S 1W2		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

Boris Geibel

Robin Leibel

Apr 12, 2007

416-487-7237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #