


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90055 001 \*\*\*150.00

<b>DOCUMENT # 591632</b> 1. Entity Name 1234 CORPORATION	
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Principal Place of Business TD WATERHOUSE 5515 N SERVICE RD STE 400 BURLINGTON, ON 17-16g4 XX	Mailing Address TD WATERHOUSE 5515 N SERVICE RD STE 400 BURLINGTON, ON 17-16g4 XX
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02212007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1884473	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  GOETZ, JAMES L 2133 WINKLER AVE #300 FT MYERS, FL 33911
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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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RYCKMAN, STEVEN <i>Service</i> 5515 N SVC RD STE 400 BURLINGTON, ON <del>L7L6G4</del> <i>L7L6G4</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WEST, CYNTHIA <i>Service</i> 5515 N SVC RD STE 400 BURLINGTON, ON <del>L7L6G4</del> <i>L7L6G4</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Cynthia M. West, Sec/Treas Mar. 9/07 905 315-1554  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #