


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 626608</b> 1. Entity Name <b>OUTPUT CONSTRUCTION, INC.</b>		
Principal Place of Business <b>C/O SANFORD REINHARD 2875 NE 191ST STREET, #404 NORTH MIAMI BCH., FL 33180</b>	Mailing Address <b>C/O SANFORD REINHARD 2875 NE 191ST STREET, #404 NORTH MIAMI BCH., FL 33180</b>	



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1938432</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>REINHARD, SANFORD N., P.A. C/O SANFORD REINHARD 2875 NE 191ST STREET, #404 NORTH MIAMI BCH., FL 33180</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	UN00000931216 04/23/08-80016-021 150.00
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10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDLIST, HARRY 1 CLARK AVE. WEST, UNIT 1104 THORNHILL, ONTARIO L4J 7Y7,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDLIST, BARRY GORDON 138 GREY RD. TORONTO, ONTARIO, m5m 4g1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAPP, PAULINE 24 MCMORRAN CRESCENT THORNHILL, ONTARIO, l4o 2t5	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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:**  **BARRY G. GOLDLIST** 4/2/08 416 822 8792  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #