


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90085 012 ***150.00


DOCUMENT # 645933
 1. Entity Name
LEVITT WEINSTEIN MEMORIAL CHAPELS, INC.



Principal Place of Business Mailing Address
311 ELM STREET **259 YORKLAND ROAD**
SUITE 1000 **TORONTO, CANADA, ON M2J 5-B2 XX**
CINCINNATI, OH 45202 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country


 03162007 Chg-P CR2E034 (12/06)
 4. FEI Number Applied For
36-3061242 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 _____ (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**

10. OFFICERS AND DIRECTORS

TITLE	VP/D	<input checked="" type="checkbox"/> Delete
NAME	TOTTLE, WILLIAM	
STREET ADDRESS	259 YORKLAND ROAD	
CITY-ST-ZIP	TORONTO, CANADA, ON M2J 5B2	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MATHEWES, J.C. O	
STREET ADDRESS	1680 METROPOLITAN CIRCLE	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GAUNTLEY, ANDREW J	
STREET ADDRESS	4333 STILL CREEK DRIVE	
CITY-ST-ZIP	BURNABY, CANADA, BC V5C 6S6	
TITLE	S/DR	<input checked="" type="checkbox"/> Delete
NAME	ELLEN, NEEMAN	
STREET ADDRESS	259 YORKLAND ROAD	
CITY-ST-ZIP	TORONTO, CANADA, ON M2J5B2	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	ANGELES, AZALEA K	
STREET ADDRESS	259 YORKLAND ROAD	
CITY-ST-ZIP	TORONTO, CANADA, ON M2J5B2	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HOUSTON, PAUL A	
STREET ADDRESS	259 YORKLAND ROAD	
CITY-ST-ZIP	TORONTO, CANADA, ON M2J5B2	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBLE LONGIND	
STREET ADDRESS	1929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS B. BRIGGS	
STREET ADDRESS	1929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN J. BRATEK	
STREET ADDRESS	1929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON TX 77019	
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: *Kevin J. Bratek* **TREASURER** *4/2/07* **713-522-5141**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #