2007 FOR PROFILE CORPORT INDIA     APP 24, 2007 8:00 an     Secretary of State     DOCUMENT # 679959     Low Yong     DUNSTAFFNAGE CORPORATION     App 24, 2007 9:015 044 **150:00     App 24:2007 9:015 044 **150:00     App 24:2007 9:015 044 **150:00     App 24:2007 9:015 044 **150:00     App 20:2007 9:015 044 **150:00     App 20:2004 **160     App 20:2007 9:015 044 **150:00     App 20:2004 9:0     App 20:2004 1**1     App 20:2004 9:0	2	2007 FOR PROFIL	CORPORA REPORT	TION		Apr 2	FILE 4, 200		:00 am
17 BBTTON TRAIL ARDORA, ON, CN, May 7-38       221 MCKENZE FENDLE P O BOX 70 PANMA CITY, FL 32402         2 Brock after after P O BOX 50 P       1 Maine Address P O BOX 70 PANMA CITY, FL 32402       D118007       Chap P       CR2E034 (1206)         2 Brock after after P O BOX 70 PANMA CITY, FL 32402       1 FEI Number S-200 Cox 70 PANMA CITY, FL 32402       D118007       Chap P       CR2E034 (1206)         2 Brock after P O L TO       Cox MAXA AXASE ALL       O N       City 6 Sate       4 FEI Number S-201 FBA23       Inclusion PR021007         2 IN MAR and Address of Current Registered Agent       7. Name and Address of Twee Registered Agent       7. Name and Address of Twee Registered Agent         2 IN CKENZIE AVE PANAMA CITY, FL 32402       Steel Address of FO. Exer Number Is Not Acceptable)       Steel Address of The Registered Agent         2 IN CKENZIE AVE PANAMA CITY, FL 32402       Exercite Address of The Registered Agent       City PL 20 Code         3 The above named entity submits this statement for the purpose of changing firensitiered adgent or toor, in the State of Fordina. I am familiar with, and accept the obligitation of agenerat agent and toors agenerated address of Over Registered Agent       City PL 20 Code         3 The above named entity submits this statement for the purpose of changing firensitiere and toors agenerated address of Over Registered Agent of the Address PO Address of PO Cont Over the Address of Over Correll State Address PO Address of PO Correll State Address of New Registered Agent of the Address of PO Correl State Address of New Registered Agent of the	1. Entity Naπ	ne .							
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CityLe Statutory       City & Statutory       Application       Application         IPCCL 130       Country AryA       Zp       Country       S. Cartification of Status Desired       \$8.75 Acatement Free Registrend         ILUE ROB, JR, 21 MICKENZIE AVE. 24 MICKENZIE AVE. 25 MICKENZIE AVE. 25 MICKENZIE AVE. 26 MICKENZIE AVE. 26 MICKENZIE AVE. 26 MICKENZIE AVE. 26 MICKENZIE AVE. 26 MICKENZIE AVE. 27 MICKENZIE AVE. 28 MICKENZIE AVE. 28 MICKENZIE AVE. 28 MICKENZIE AVE. 28 MICKENZIE AVE. 28 MICKENZIE AVE. 29 MICKENZIE AVE. 29 MICKENZIE AVE. 29 MICKENZIE AVE. 20 MICKENZIE AVE									
POC       130       Country       S. Certificate of Satus Desired       St. 75 Accentation Free Registered Agent         1.U.E. ROB, JR.       1. Name and Address of Current Registered Agent       1. Name and Address of New Registered Agent       1. Name and Address of New Registered Agent         2.1. MCKENZIE AVE.       AMAMA CITY, FL 32402       Street Address (P.O. Box Number is Not Acceptable)         2.1. MCKENZIE AVE.       AMAMA CITY, FL 32402       Street Address (P.O. Box Number is Not Acceptable)         2.1. MCKENZIE AVE.       AMAMA CITY, FL 32402       Street Address (P.O. Box Number is Not Acceptable)         2.1. MCKENZIE AVE.       AMAMA CITY, FL 32402       Street Address (P.O. Box Number is Not Acceptable)         2.1. MCKENZIE AVE.       Cov       FL 20 Code         2.1. MCKENZIE AVE.       The street address (P.O. Box Number is Not Acceptable)       Cov         2.1. MCKENZIE AVE.       POS       Street Address (P.O. Box Number is Not Acceptable)         3.1. MCKENZIE AVE.       POS       Street Address (P.O. Box Number is Not Acceptable)         4.1. Market Marke	Suite, Apt. 1. 1067	ROSSEAU LAKE RO 2	Suite, Apt. #, etc.			04162007 Chg-P CR2E034 (12/06)			
Contracts of Status Desired     Contracts     Contracts of Status Desired     Contracts	City & Stat	EAU. ON	City & State						
BLUE, ROB, JR.     Name       221 MCRENZIE AVE.     Street Address (P.O. Box Number is Not Acceptable)       City     FL       20 AnAMA CITY, FL 32402       In a above named writy submits this statement to the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept in addition of registered agent.       In a above named writy submits this statement to the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept in addition of registered agent.       In Burget in field or men of agents of gent and the factoria.       In Burget in field or men of agents of gent and the factoria.       In Burget in field or men of agents of gent and the factoria.       In Burget in field or men of agents of gent and the factoria.       In Burget in field or men of agents of gent and the factoria.       In Burget in field or men of agents of gent and the factoria.       In Burget in field or men of agents of gent and the factoria.       In Burget in field or men of agents of gent and the factoria.       In Burget in field or men of agents of gent and the factoria.       In Burget in field or men of agents of gent and the factoria.       In Burget in field or men of agents of gent and the factoria.       In Burget in field or men of agent and the factoria.       In Burget in field or men of agent and the factoria.       In Burget in field or men of agent and the factoria.       In Burget in field or men of agent and the factoria.       I	Poc	1JO COUNTRY CANADA	Zip	Country	5. C	ertificate of Status D	esired 🗌		
LUE ROB, JR.       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         FL       City       FL       Zip Code         FL       City       FL       Zip Code       Zip Code         FL       City       FL       Zip Code       Zip Code         FL       City       Toter Float       Zip Code       Zip Code         FL       City       Sip Code       Sip Code       Zip Code         FL       City       Sip Code       Sip Code	·	6. Name and Address of Current F	tegistered Agent	Name	7. N	ame and Address o	f New Registered	Agent	
PL	21 MCKE	ENZIE AVE.			Address (P.O. Bo	ss (P.O. Box Number is Not Acceptable)			
The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorde. I am familiar with, and accept the obligations of registered agent.  If the above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorde. I am familiar with, and accept the obligations of registered agent.  If the above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorde. I am familiar with, and accept the obligations of registered agent.  If the North IF PEE IS \$150.00  If the above name of non-state of the footness				City				Zin	Code
The obligations of registered agent.  IGRATURE:  IGGATURE IGRATURE:  IGRATURE:  IGRATURE:  IGRATURE:  IGRATURE:  IGRATURE:  IGRATURE:  IGRATURE:  IGRATURE:  IGGATURE:  IGGATURE IGRATURE:  IGGATURE:  IGGATURE IGRATURE:  IGGATURE IGRATURE:  IGGATURE:  IGGATURE	. The above	named entity submits this statement for	the purpose of changing its		x registered age	ant, or both, in the Sta			
After May 1, 2007 Fee will be \$550.00       Trust Fund Contribution.       Added to Fees         0.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.         The       POS       Imte       Make       Stress August and the stress and Directors and Directo	IGNATURE	Signature, typed or printed name of registered agent a	9. Election Campa	aign Financing	\$5.00 M	ay Be	DATE		
PDS       Deter       ITTE       Marc		<b>.</b>							
MRCALPINE, CHARLES L       INME         NREET ADDRESS       17 BRITTON TRAIL         NYS-12P       ALRORA, ON, CN, Mg 758         TE       TAS         ME       Delate         MME       ITTLE         MARE       MARE         ME       MARORA, ON, CN, Mg 758         TE       TAS         MCALPINE, LISA F       IDelate         MME       MARE         MCALPINE, LISA F       ITTLE         MME       MARE         MCALPINE, GLENYS E       IDelate         TORONTO, CANADA, OC m5m 319       ITTLE         MCALPINE, GLENYS E       ITTLE         MRETADDRESS       AURORA, ON, CN, Mg 758         LE       V       ITTLE         MEETADDRESS       ITTLE         MEETADDRESS <t< td=""><td></td><td>r<del>* ,</del></td><td></td><td></td><td>ADL</td><td>DITIONS/CHANGES</td><td>TO OFFICERS AN</td><td></td><td></td></t<>		r <del>* ,</del>			ADL	DITIONS/CHANGES	TO OFFICERS AN		
LE       TAS       Delate       ITTLE       Change       Addition         MK       MCALPINE, LISA F       NWE       STREET ADDRESS       STREET ADDRESS       Change       Addition         VS157/P       TORONTO, CANADA, OC m5m 319       CIT-S1-2P       CIT-S1-2P       STREET ADDRESS       Addition         VS157/P       MCALPINE, GLENYS E       Delate       ITTLE       NWE       STREET ADDRESS       Addition         NS157/P       AURORA, ON, CN, 14g 758       Delate       ITTLE       NWE       STREET ADDRESS       CIT-S1-2P       Addition         V-S12/P       AURORA, ON, CN, 14g 758       Delate       ITTLE       NWE       AURORA, ON, CN, 14g 758       Addition         ME       Delate       ITTLE       NWE       STREET ADDRESS       CITY-S1-2P       AOSSEAU       ON POC 130       CANADA         VS1-2P       ITTLE       NWE       STREET ADDRESS       CITY-S1-2P       Addition         VS1-2P       ITTLE       NWE       STREET ADDRESS       CITY-S1-2P       Addition         VS1-2P       ITTLE       NWE       STREET ADDRESS       CITY-S1-2P       Addition         VS1-2P       ITTLE       NWE       ITTLE       NWE       Addition         NWE	REET ADDRESS	17 BRITTON TRAIL		STREET ADDRESS	P.O.BOX ROSSEA	309, #1-10 10. ON PC	67 RossEA	,	
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LE       Delete       TITLE       Change       Addition         ME       NAME       STRET ADDRESS       STRET ADDRESS       CITY-ST-ZP       Control of the corporation of the receiver of 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.         IGRNATURE:       IGNATURE:       IGNATURE:       IGNATURE:       IGNATURE:	me Reet adoress		Delete	NAME STREET ADDRESS				Cha	nge 🔲 Addition
ME REET ADDRESS Y-ST-ZIP 1. 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. HIGNATURE: MAME MA									
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 out; 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.	IE Eet address			NAME STREET ADDRESS					anya (MOURION
IGNATURE:	L I hereby c indicated of the corp	poration or the receiver or trustee empoy	rue and accurate and that r rered to execute this report	or the exemptions of ny signature shall h as required by Cha					
C.L. MCALPINE, PRESIDENT	GNAT	SIGNATURE AND TYPED OR PR	Autor	OR DIRECTOR		April 16)	07 (705	)732 Daytime Pho	-4452



PO Box 309 #1 – 1067 Rosseau Lake Rd 2 Rosseau, Ontario, Canada P0C 1J0

Tel: (705) 732-4452 Email: <u>mcalpine.charles@sympatico.ca</u>

## BY XPRESSPOST

April 16, 2007

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Division of Corporations 2670 Executive Center Circle Suite 100 Tallahassee, FL 32301

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Enclosed herewith is a duly completed 2007 For Profit Corporation Annual Report for the Corporation, together with a check in the amount of \$150.00 for the filing fee.

Un Alpin

Charles L. McAlpine President

Cc: Jo Faucheux (Burke Blue Hutchison Walters & Smith, P.A.)

Scott Collins (Collins/Moody + Company, P.C.)