

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 679959

FILED
Mar 30, 2009
Secretary of State

Entity Name: DUNSTAFFNAGE CORPORATION

Current Principal Place of Business:

PO BOX 309
1067 ROSSEAU LAKE RD 2
ROSSEAU, ON. CANADA, poc ijo

Current Mailing Address:

221 MCKENZIE AVENUE
P O BOX 70
PANAMA CITY, FL 32402

New Principal Place of Business:

#1
1067 ROSSEAU LAKE RD 2
ROSSEAU, ON POC 1JO CA

New Mailing Address:

PO BOX 309
#1 - 1067 ROSSEAU LAKE RD 2
ROSSEAU, ON POC 1JO CA

FEI Number: 59-2016423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUE, ROB, JR.
221 MCKENZIE AVE.
PANAMA CITY, FL 32402 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: MCALPINE, CHARLES L
Address: PO BOX 309 ROSSEAU LAKE RD 2
City-St-Zip: ROSSEAU, ON. CANADA, POC- JO

Title: TAS () Delete
Name: MCALPINE, LISA F
Address: 122 RIDLEY BLVD
City-St-Zip: TORONTO, CANADA, OC M5M 3L9

Title: V () Delete
Name: MCALPINE, GLENYS E
Address: PO BOX 309 1067 ROSSEAU LAKE RD 2
City-St-Zip: ROSSEAU, ON. CANADA, POC- JO

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: MCALPINE, CHARLES L
Address: PO BOX 309 1067 ROSSEAU LAKE RD 2
City-St-Zip: ROSSEAU, ON POC 1JO CA

Title: TAS (X) Change () Addition
Name: MCALPINE, LISA F
Address: 122 RIDLEY BLVD
City-St-Zip: TORONTO, ON M5M 3L9 CA

Title: V (X) Change () Addition
Name: MCALPINE, GLENYS E
Address: PO BOX 309 1067 ROSSEAU LAKE RD 2
City-St-Zip: ROSSEAU, ON POC 1JO CA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES L. MCALPINE

PRES

03/30/2009

Electronic Signature of Signing Officer or Director

Date