2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90013 001 ***150.00

DOCUMENT # 696904

1. Entity Name
ASCOTT HOLDING CORPORATION

Principal Place of Business	Mailing Address
25 COLVILLE RD. TORONTO, ONTARIO, CA m6-m2y2	25 COLVILLE RD. TORONTO ONTARIO CANADA TORONTO, ONTARIO, CA m6-m2y2

01062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
25 COLVILLE RD.		25 COLVILLE RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: TORONTO, ONTARIO		City & State: TORONTO, ONTARIO	
Zip: M6M 2Y2	Country: CANADA	Zip: M6M 2Y2	Country: CANADA

4. FEI Number: 59-2113365 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GEORGE, ANTHONY D. JR.
759 SO. FEDERAL HWY. SUITE ~~210~~ 206
STUART, FL 34994

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	GRECO, MARIANNA		NAME		
STREET ADDRESS	900 E. OCEAN BLVD. 212B		STREET ADDRESS	5 WOODMERE COURT	
CITY-ST-ZIP	STUART, FL 00000,		CITY-ST-ZIP	ETOBICOKE, ONTARIO M9A 3J1	
TITLE	DP	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	GRECO, ANTHONY		NAME		
STREET ADDRESS	900 E. OCEAN BLVD. 212B		STREET ADDRESS	5 WOODMERE COURT	
CITY-ST-ZIP	STUART, FL 00000,		CITY-ST-ZIP	ETOBICOKE, ONTARIO M9A 3J1	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: A. Greco ANTHONY GRECO 416-241-9151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #