


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90008 011 \*\*\*150.00

<b>DOCUMENT # 696904</b>	
1. Entity Name <b>ASCOTT HOLDING CORPORATION</b>	

Principal Place of Business <b>5 WOODMERE COURT ESOBIOOKE ONTARIO 9A3J1 ETOBICOKE, ON 9A311 XX</b>	Mailing Address <b>5 WOODMERE COURT ESOBIOOKE ONTARIO 9A3J1 ETOBICOKE, ON 9A311 XX</b>
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**40009966**



01092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # <b>5 WOODMERE COURT</b>	3. Mailing Address <b>5 WOODMERE COURT</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ETOBICOKE, ONTARIO</b>	City & State <b>ETOBICOKE, ONTARIO</b>
Zip <b>M9A 3J1</b>	Country <b>CANADA</b>
Country <b>CANADA</b>	Zip <b>M9A 3J1</b>

4. FEI Number <b>59-2113365</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GEORGE, ANTHONY D. JR. 759 SO. FEDERAL HWY SUITE 206 STUART, FL 34994</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GRECO, MARIANNA 5 WOODMERE COURT ETOBICOKE, ON 9A3J1</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>ZIP IS NOT 9A3J1 - IT IS: M9A 3J1</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP GRECO, ANTHONY 5 WOODMERE COURT ETOBICOKE, ON 9A3J1</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>ZIP- SAME AS ABOVE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Anthony Greco* **ANTHONY GRECO** **JAN. 31, 2007** **416-239-7688**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #