

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844220

FILED
Apr 26, 2006
Secretary of State

Entity Name: GIL LEASEHOLDS LIMITED CO.

Current Principal Place of Business:

89 WELLS HILL AVENUE
TORONTO ONTARIO M5R3A7
CANADA, XX

New Principal Place of Business:

89 WELLS HILL AVENUE
TORONTO ONTARIO M5R3A7
CANADA, - MSR 3A7

Current Mailing Address:

89 WELLS HILL AVENUE
TORONTO ONTARIO M5R3A7
CANADA, XX

New Mailing Address:

89 WELLS HILL AVENUE
TORONTO ONTARIO M5R3A7
CANADA, - MSR 3A7

FEI Number: 98-0081905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUTUN, BARRY, ATTY.
3550 BISCAYNE BOULEVARD
MIAMI, FL 33137 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: P () Delete
Name: BASEN, GWYNNE,
Address: 89 WELLS HILL AVE
City-St-Zip: TORONTO ONT. CANADA, MSR 3A7

Title: T () Delete
Name: BASEN, LEILA,
Address: 89 WELLS HILL AVE
City-St-Zip: TORONTO ONT. CANADA, MSR 3A7

Title: S () Delete
Name: BASEN, IRA,
Address: 89 WELLS HILL AVE
City-St-Zip: TORONTO ONT. CANADA, MSR 3A7

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GWYNNE BASEN

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date