


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 08:00 AM
Secretary of State

DOCUMENT # 844220
 1. Entity Name
GIL LEASEHOLDS LIMITED CO.



Principal Place of Business 89 WELLS HILL AVENUE TORONTO ONTARIO, m5r-3a7	Mailing Address 89 WELLS HILL AVENUE TORONTO ONTARIO M5R3A7 TORONTO ONTARIO, m5r-3a7
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02082008 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0081905	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**INCORP SERVICES, INC
 17888 67TH COURT NORTH
 LOXAHATCHEE, FL 33470**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE P	NAME BASEN, GWYNNE STREET ADDRESS 89 WELLS HILL AVE CITY-ST-ZIP TORONTO ONT. CANADA, msr 3a7
TITLE T	NAME BASEN, LEILA STREET ADDRESS 89 WELLS HILL AVE CITY-ST-ZIP TORONTO ONT. CANADA, msr 3a7
TITLE S	NAME BASEN, IRA STREET ADDRESS 89 WELLS HILL AVE CITY-ST-ZIP TORONTO ONT. CANADA, msr 3a7
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

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 03/06/08-80026-005 150.00

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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 title empowered.

SIGNATURE: IRA BASEN **IRA BASEN** **FEB 20 2008** **416 963-8023**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #