

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004030

Entity Name: 800743 ALBERTA LTD., INC.

FILED
Feb 19, 2009
Secretary of State

Current Principal Place of Business:

240 PORTAGE ROAD
LEWISTON, NY 14092

New Principal Place of Business:

Current Mailing Address:

240 PORTAGE ROAD
LEWISTON, NY 14092

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DVP () Delete
Name: JOHNSON, JAMES
Address: 417 LAKESHORE ROAD EAST
City-St-Zip: ST. CATHERINE, ONTARIO, L2R 7K6

Title: P () Delete
Name: EARLE, DANIEL
Address: 417 LAKESHORE ROAD EAST
City-St-Zip: ST. CATHERINE, ONTARIO, L2R 7K6

Title: VP () Delete
Name: EARLE, DOUGLAS
Address: 417 LAKESHORE ROAD EAST
City-St-Zip: ST. CATHERINE, ONTARIO, L2R 7K6

Title: DVP () Delete
Name: FINCH, STEPHEN
Address: 417 LAKESHORE ROAD EAST
City-St-Zip: ST. CATHERINE, ONTARIO, L2R 7K6

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:

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

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: STEPHEN FINCH

VP

02/19/2009

Electronic Signature of Signing Officer or Director

Date