

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000521

FILED  
Apr 11, 2006  
Secretary of State

Entity Name: UNIFLO LIMITED CORPORATION

## Current Principal Place of Business:

100 KING ST. WEST  
SUITE 2200  
HAMILTON, ON L8P 4X1

## New Principal Place of Business:

701 MAIN STREET WEST  
SUITE 100  
HAMILTON, ON L8S 1A2 CN

## Current Mailing Address:

1025 LAUREL OAK ROAD  
VOORHEES, NJ 08043

## New Mailing Address:

FEI Number: 13-2111725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: PD ( ) Delete  
Name: WOOD, GRAHAM  
Address: 1025 LAUREL OAK ROAD  
City-St-Zip: VOORHEES, NJ 08043

Title: VPT ( ) Delete  
Name: KOCHANSKI, GERALD  
Address: 1025 LAUREL OAK ROAD  
City-St-Zip: VOORHEES, NJ 08043

Title: D ( ) Delete  
Name: WALLACE, MOIRA  
Address: 100 KING ST. W., SUITE 2200  
City-St-Zip: HAMILTON, ON L8P 4X1 CN

Title: VPS ( ) Delete  
Name: EISENSTADT, WILLIAM B  
Address: 1025 LAUREL OAK ROAD  
City-St-Zip: VOORHEES, NJ 08043 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: WALLACE, MOIRA  
Address: 701 MAIN STREET WEST  
City-St-Zip: HAMILTON, ON L8S 1A2 CN

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: WILLIAM B. EISENSTADT

VPT

04/11/2006

Electronic Signature of Signing Officer or Director

Date