## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # F02000001685**

Entity Name
 TRUSPEC DESIGN/BUILD INC.



FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

4950 YONGE STREET, STE 2200 TORONTO ONTARIO CANADA, M2N -6K1 4950 YONGE STREET, STE 2200 TORONTO ONTARIO CANADA, M2N -6K1



04252007

No Chg-P

CR2E034 (11/05)

4. FEI Number 98-0357610

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HOLTKAMP, ROGER 3625 SEASIDE DR KEY WEST, FL 33040

## DO NOT WRITE IN THIS SPACE

RET WEST, TE 33040			IN THIS SPACE		
the obligat	named entity submits this statement for the plans of registered agent.	•		egistered agent, or both	, in the State of Florida. I am familiar with, and accept
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution	ncing	\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT P ARMSTRONG, MARK G 4950 YONGE STREET, STE 2200 TORONTO ONTARIO CANADA, M2N				U00000745032
TITLE NAME STREET ADDRESS CITY-S1-ZIP	S ARMSTRONG, ROSEMARY D 4950 YONGE STREET, STE 2200 TORONTO ONTARIO CANADA, M2N 6K1				05/16/07-80013-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	· IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					, :
TITLE NAME STREET ADDRESS		· · · ·	:		

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 attaching twith an address, with all other like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

174 Date Phone 1