2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000001685 FILED 1. Entity Name TRUSPEC DESIGN/BUILD INC. Aug 01, 2008 08:00 AM Secretary of State Principal Place of Business Mailing Address 4950 YONGE STREET, STE 2200 4950 YONGE STREET, STE 2200 TORONTO ONTARIO CANADA, M2N -6K1 TORONTO ONTARIO CANADA, M2N -6K1 No Chg-P CR2E034 (11/05) 07252008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 98-0357610 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HOLTKAMP, ROGER DO NOT WRITE 3625 SEASIDE DR KEY WEST, FL 33040 IN THIS SPACE 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) \$5.00 May Be 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOWIII FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. TITLE NAME ARMSTRONG, MARK G STREET ADDRESS 4950 YONGE STREET, STE 2200 CITY-ST-ZIP TORONTO ONTARIO CANADA, M2N 6K1 TITLE 000000956836 08/01/08-80001-023 150.00 ARMSTRONG, ROSEMARY D NAME STREET ADDRESS 4950 YONGE STREET, STE 2200 TORONTO ONTARIO CANADA, M2N 6K1 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP

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 attackment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS

MOR DOMSTRONG

July 28/08 HI62