


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90023 048 \*\*\*558.75

<b>DOCUMENT # F03000000366</b>		
1. Entity Name <b>RAND IMAGINIT TECHNOLOGIES, INC.</b>		

Principal Place of Business <b>8001 SWEET VALLEY DRIVE CLEVELAND, OH 44125</b>	Mailing Address <b>5285 SOLAR DRIVE MISSISSAUGA, ONTARIO CANADA, L4W-5b8</b>
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



06192006 Chg-P CR2E034 (11/05)

4. FEI Number <b>98-0383971</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALDESARRA, FRANK</b>	NAME	
STREET ADDRESS	<b>1170 DERRY ROAD WEST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MISSISSAUGA, ONTARIO CANADA, L4W 1T1</b>	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEMKIW, BRIAN</b>	NAME	<b>Semkiw, Brian</b>
STREET ADDRESS	<b>94 BEL AIR DRIVE</b>	STREET ADDRESS	<b>2020 Lakeshore Rd.</b>
CITY-ST-ZIP	<b>OAKVILLE, ONTARIO CANADA, L6J 7N1</b>	CITY-ST-ZIP	<b>Oakville, Ontario, Canada L6J 1M3</b>
TITLE	DST <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEMKIW, DENNIS</b>	NAME	<b>Shiekh, Jeff</b>
STREET ADDRESS	<b>4110 MOLLY AVENUE</b>	STREET ADDRESS	<b>7 Lauralynn Crescent.</b>
CITY-ST-ZIP	<b>MISSISSAUGA, ONT CANADA.</b>	CITY-ST-ZIP	<b>Toronto, Ontario, Canada M1S 2H3</b>
TITLE	CFO <input type="checkbox"/> Delete	TITLE	Gimon, Peter <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUSH, KRISS</b>	NAME	<b>Gimon, Peter</b>
STREET ADDRESS	<b>1319 GREENEUTELE DRIVE</b>	STREET ADDRESS	<b>2076 Waterbridge Dr.</b>
CITY-ST-ZIP	<b>OAKVILLE, ONTARIO CANADA, L6M 2N1</b>	CITY-ST-ZIP	<b>Burlington, Ontario, Canada L7M 3V9</b>
TITLE	<i>Please see "schedule A"</i> <input type="checkbox"/> Delete	TITLE	
NAME	<i>attached for more info.</i>	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 attachment with an address, with all other like empowered.

SIGNATURE: Jeff Shiekh **JEFF SHIEKH** June 19/06 **905-625-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**SCHEDULE "A"**

**RAND IMAGINIT TECHNOLOGIES, INC. (USA)**

**OFFICERS AND DIRECTORS OF RAND IMAGINIT TECHNOLOGIES, INC. (USA) AS AT MAY 2006:**

**\*OFFICERS:**

TITLE	NAME	ADDRESS	CITY	PROVINCE	POSTAL	COUNTRY	TELEPHONE
PRESIDENT	FRANK BALDESARRA	1170 DERRY ROAD	MISSISSAUGA	ONTARIO	L4W 1A1	CANADA	905-625-2000
VICE PRESIDENT	BRIAN SEMKIW	2020 LAKESHORE RD.	OAKVILLE	ONTARIO	L6J 1M3	CANADA	905-625-2000
SECRETARY	JEFF SHIEKH	7 LAURALYN CRECENT	TORONTO	ONTARIO	M1S 2H3	CANADA	905-625-2000
CHIEF FINANCIAL OFFICER & TREASURER	PETER GIMON	2076 WATERBRIDGE DR	BURLINGTON	ONTARIO	L7M 3V9	CANADA	905-625-2000
EXECUTIVE VICE PRESIDENT	ROBERT HEEG	10022 JAMESTOWN DRIVE	N ROYALTON	OHIO	44133	USA	905-625-6573

**\*DIRECTORS:**

Beginning 2002	FRANK BALDESARRA	1170 DERRY ROAD	MISSISSAUGA	ONTARIO	L4W 1A1	CANADA	905-625-2000
Beginning 2002	BRIAN SEMKIW	2020 LAKESHORE RD.	OAKVILLE	ONTARIO	L6J 1M3	CANADA	905-625-2000
Beginning 2002	DENNIS SEMKIW	4110 MOLLY AVENUE	MISSISSAUGA	ONTARIO	L4Z 1E2	CANADA	905-625-2000

\*Business Address for the above officers and directors is as follows:  
c/o RAND Worldwide®  
5285 Solar Drive  
Mississauga, ON  
L4W 5B8

Principal Business Address for Imaginit Technologies Inc. (NA) is as follows:  
c/o: Imaginit Technologies NA  
8001 Sweet Valley Drive  
Valleyview, OH 44125

RAND IMAGINIT is solely owned by Rand Worldwide US Holding Company Inc., a corporation incorporated in the state of Delaware 100%.