

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

8/22/2006-90031-025-\$150.00-\$150.00

FILED

06 OCT 10 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000002792 1. Entity Name ENTRADA SOFTWARE SYSTEMS INC.	
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Principal Place of Business 120 RANDALL DRIVE WATERLOO, CANADA, ON N2V 1-C6	Mailing Address 120 RANDALL DR. WATERLOO, CANADA, ON N2V 1-C6
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DO NOT WRITE IN THIS SPACE

08032006 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0398048	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when renouncing) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES HASTINGS, TED 120 RANDALL DRIVE WATERLOO, CANADA, ON N2V1C6
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IN THIS SPACE**

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: *Jed* 9/29/06 519-897-1190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Overtime Phone #

2010/10