


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000003965</b>	
1. Entity Name CSDC SYSTEMS, INC.	

Principal Place of Business 5800 AMBLER DR., SUITE 106 MISSISSAUGA ONTARIO CANADA L4W 4J4,	Mailing Address 5800 AMBLER DR., SUITE 106 MISSISSAUGA ONTARIO CANADA L4W 4J4,
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03102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 43-1843072	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  QUINTANA, MARCOS R 5946 BAYOU GRANDE BLVD. NE ST. PETERSBURG, FL 33703	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstalling) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MISHRA, DAN 5800 AMBLER DR., SUITE 106 MISSISSAUGA, ON CANADA, L4W4J4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCST HENDERSON, PETER 35 BETHLEY DR. TORONTO, CANADA, ON L4W4J4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUINTANA, MARCOS R 5946 BAYOU GRANDE BLVD., NE ST. PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVID, ERIC 328 RUSHTON ROAD TORONTO, CANADA, ON L4W4J4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTO GOLDS, ROBB 5800 AMBLER DR., SUITE 106 MISSISSAUGA, ON CANADA, ON L4W4J4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000269750  
03/19/05-80024-010 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: P. Henderson March 11/05 905-206-1296  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X232