


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90032 024 \*\*\*150.00

<b>DOCUMENT # F03000005316</b>	
1. Entity Name NOR-DON COLLECTION NETWORK INC.	

Principal Place of Business 325 MILNER AVE. SUITE 1100 TORONTO, ON M1B --5N1 CA	Mailing Address 325 MILNER AVE. SUITE 1100 TORONTO, ON M1B --5N1 CA
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**50007827**



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

01102005 Chg-P CR2E034 (10/03)

4. FEI Number 98-0418392	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	

7. Name and Address of New Registered Agent	
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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORACES, PAUL AGNELLO 325 MILNER AVE. SUITE 1100 TORONTO, ON, CANADA, M1B -5N1 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRYBA, BARRY LYNN 325 MILNER AVE. SUITE 1100 TORONTO, ON, CANADA, M1B -1N <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MELNYK, KEVIN #602 - 240 DUNCAN MILLS ROAD TORONTO, ON, CANADA, M1B -5N1 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURKE, JAMES RICHARD 325 MILNER AVE. SUITE 1100 TORONTO, ON, CANADA, M1B -5N1 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAW, JAMES 325 MILNER AVE., #1100 TORONTO, ON, CANADA, M1B -N1 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHLEY, BRAD 240 DUNCAN MILL RD #602 TORONTO, ON, CANADA, M3C -3P1 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

VP  
ROSSI, THOMAS  
325 MILNER AVE., #1100  
TORONTO, ON, CANADA M1B 5N1

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 life empowered.

SIGNATURE: *J. Burke C.F.O.* **FEB. 1/05** **647-436-2610**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LIST OF DIRECTORS AND OFFICERS  
FLORIDA 2005 ANNUAL RETURN  
SCHEDULE 1

LAST NAME	FULL FIRST NAME	RESIDENCE ADDRESS	POSITION HELD IN COMPANY	BIRTH DATE Y/M/D
Williams	Greg	20 Queen St. W. Suite #3504 Toronto, Ontario M5H 3R3	Director	1971-Oct-14
Maynard	John	1218 Flos Rd Five E. Phelpston, ON L0L 2K0	Director/Chairman	1951-May-19

ATTACHMENT  
# F03 000005316  
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