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Secretary of State
04-23-2007 90088 015 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000005316

1. Entity Name
NOR-DON COLLECTION NETWORK INC.

40076112

04172007 Chg-P CR2E034 (12/06)

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 98-0418392 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MORACES, PAUL AGNELLO 325 MILNER AVE. SUITE 1100 TORONTO, ON, CANADA, M1B -5N1	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KRYBA, BARRY LYNN 325 MILNER AVE. SUITE 1100 TORONTO, ON, CANADA, M1B -1N	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MELNYK, KEVIN #602 - 240 DUNCAN MILLS ROAD TORONTO, ON, CANADA, M1B -5N1	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BURKE, JAMES RICHARD 325 MILNER AVE. SUITE 1100 TORONTO, ON, CANADA, M1B -5N1	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROSS, THOMAS 325 MILNER AVE., #1100 TORONTO, ON, CANADA, M1B -N1	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LISA H. FRIEDENBERG 325 MILNER AVE #1100 TORONTO, ON CANADA M1B-5N1	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASHLEY, BRAD 240 DUNCAN MILL RD #602 TORONTO, ON, CANADA, M3C -3P1	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Apr-17/07 647-436-2610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #