2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #F03252

1. Entity Name

FORÍS-RATING HOLDINGS (FLORIDA), INC.



FILED May 02, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

133 ST. LEONARDS AVE TORONTO ONTARIO CANADA MYN 1K6,

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133 ST. LEONARDS AVE TORONTO ONTARIO CANADA MYN 1K6,

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05012006	No Chg-P	CR2E034 (11/05)		
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4. FEI Number			Applied For	
59-2162837		Γ	Not Applicable	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

HEYCK, JOSEPH G JR 202 S. ROME AVE SUITE 100 TAMPA, FL 33606

SIGNATURE:

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financ Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TUTLE NAME STREET ADDRESS CITY-ST-ZIP	PSDC DIENER, STEVEN G. 133 ST LEONARDS AVE TORONTO CANADA, m4n1k6				U0000055504.0.4		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000559104 05/17/06-80123-014 150.00		
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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.							

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR