TAX DEPT.

FILED
Aug 01, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000000573

1. Entity Name
PBS SYSTEMS INC.

Principal Place of Business	Mailing Address
3131-114 AVENUE S.E. CALGARY, AB T2Z 3X2 CANADA, XX	3131-114 AVENUE S.E. CALGARY, AB T2Z 3X2 CANADA, XX

07052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0224729
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARD, SHIRLEY & HARTMAN, P.A.
207 WEST PARK AVE., SUITE B
TALLAHASSEE, FL 32301

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 NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRADLEY, DAVID
STREET ADDRESS	44 BAYCREST PLACE S.W./ CALGARY
CITY-ST-ZIP	AB T2V OK6 CANADA,
TITLE	V
NAME	BRADLEY, MARILYN
STREET ADDRESS	44 BAYCREST PLACE S.W./ CALGARY
CITY-ST-ZIP	AB T2V OK6 CANADA,
TITLE	S
NAME	HART, PHILIP
STREET ADDRESS	314 MOUNTAIN PARK DRIVE S.E./ CALGARY
CITY-ST-ZIP	AB T2Z 2L3 CANADA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000375134
08/01/05-80007-009 550.00

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)(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 like empowered.

SIGNATURE: _____ July 8/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #