
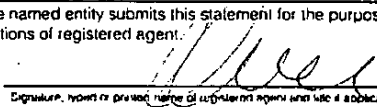
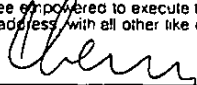

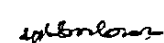


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

02-21-2006 90031 020 ***150.00

DOCUMENT # F04000000762 1. Entity Name 1156284 ONTARIO LIMITED, INC.					
Principal Place of Business 701 EVANS AVE, STE 306 TORONTO, ONTARIO M9C1A3				Mailing Address 701 EVANS AVE, STE 306 TORONTO, ONTARIO M9C1A3	
2. Principal Place of Business Taylor Grows		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Newmarket		City & State Ontario		4. FEI Number 98-0416925	
Zip L7Y 3M2		Country Canada		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HRAWG CORP. 1801 N. MILITARY TRAIL, STE 200 BOCA RATON FL 33431				7. Name and Address of New Registered Agent Name JANE TAYLOR Street Address (P.O. Box Number is Not Acceptable) 401 North Pointe Road Suite 804 City Osprey FL Zip Code 34229	
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 nominating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP TAYLOR, JANE 701 EVANS AVE, STE 306 TORONTO, ONTARIO M9C1A3	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:    SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____					



ATTACHMENT
66004906

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

1156284 ONTARIO LIMITED, INC.
701 EVANS AVE, STE 306
TORONTO, ONTARIO M9C1A3,

Subject: 1156284 ONTARIO LIMITED, INC.

Reference Number: F04000000762

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE
ANNUAL REPORTS SECTION

See a Hatched.

