


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90014 003 ***150.00

DOCUMENT # F04000002077	
1. Entity Name WESTWIND PARTNERS (USA) INC.	

Principal Place of Business C/O WESTWIND PARTNERS, INC. 70 YORK ST., 10TH FL, TORONTO, ONTARIO CANADA M5J 1S9,	Mailing Address C/O WESTWIND PARTNERS, INC. 70 YORK ST., 10TH FL, TORONTO, ONTARIO CANADA M5J 1S9,
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20063243



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

07072005 Chg-P CR2E034 (10/03)

4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRIANT, THOMAS W.B.			NAME			
STREET ADDRESS	70 YORK STREET, 10TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	TORONTO, ONT., CANADA,			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, KEITH R			NAME			
STREET ADDRESS	70 YORK STREET, 10TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	TORONTO, ONT., CANADA,			CITY-ST-ZIP			
TITLE	PRESIDENT DIRECTOR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	H. ALEXANDER ROWLANDS			NAME			
STREET ADDRESS	70 YORK STREET			STREET ADDRESS			
CITY-ST-ZIP	TORONTO,			CITY-ST-ZIP			
TITLE	CHIEF COMPLIANCE OFFICER	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JULIE EISENSTADT			NAME			
STREET ADDRESS	70 YORK STREET, 10TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	TORONTO, ON CANADA			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: <i>Keith R. Harris</i> KEITH R. HARRIS	Date: <i>July 7, 2005</i>	Daytime Phone #: <i>416-815-3070</i>
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