



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90086 045 ***150.00

DOCUMENT # F04000006046 1. Entity Name MAXFIELD INVESTMENTS, INC.					
Principal Place of Business 600 STEEPROCK DRIVE TORONTO, OR M3J2X-J			Mailing Address 600 STEEPROCK DRIVE TORONTO, OR M3J2X-J		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-1788537	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD FERDMAN, AVI 551 BROOKDALE AVENUE TORONTO, ONT., CANADA, MS M1S1	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERDMAN, MICHAEL 108 TRAFALGAR SQUARE TORONTO, ONT., CANADA, L4 J7MP	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERDMAN, JACK 89 RAVEL DRIVE TORONTO, ONT., CANADA, L4 J8Z3	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASOD FERDMAN, MORRIS 3 RENOAK DRIVE TORONTO, ONT., CANADA, M2 R3E1	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASOD FERDMAN, SHOSHANA 3 RENOAK DRIVE TORONTO, ONT., CANADA, M2 R3E1	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASOD FERDMAN, MORRIS C/O 551 BROOKDALE AVENUE TORONTO, ONT., CANADA M5M1S1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASOD FERDMAN, SHOSHANA C/O 551 BROOKDALE AVENUE TORONTO, ONT., CANADA M5M1S1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASOD FERDMAN, MORRIS C/O 551 BROOKDALE AVENUE TORONTO, ONT., CANADA M5M1S1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:  MICHAEL FERDMAN					
Date		Daytime Phone #			

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FL

Zip Code

EXT 225