

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90229 008 ***150.00

14008293



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number	Applied For
76-0729307	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
103 NORTH MERIDIAN STREET
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PS	PLS DELETE
NAME	DAVIS, RICHARD C JR.	
STREET ADDRESS	2600 SKYMARK DRIVE, UNIT 9, SUITE 201	
CITY-ST-ZIP	MISSISSAUGA, ONT., CANADA,	
TITLE	CFO	PLS DELETE
NAME	CORNISH, JOHN	
STREET ADDRESS	2600 SKYMARK DRIVE, UNIT 9, SUITE 201	
CITY-ST-ZIP	MISSISSAUGA, ONT., CANADA,	
TITLE	T	
NAME	DUMENCU, WILLIAM G	
STREET ADDRESS	2600 SKYMARK DRIVE, UNIT 9, SUITE 201	
CITY-ST-ZIP	MISSISSAUGA, ONT., CANADA,	
TITLE	CD	
NAME	VAMVAKOS, ELIAS	
STREET ADDRESS	2600 SKYMARK DRIVE, UNIT 9, SUITE 201	
CITY-ST-ZIP	MISSISSAUGA, ONT., CANADA,	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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: WILLIAM DUMENCU APR 25/05 905 602 0887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #