
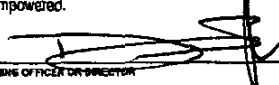


1392

FILED

06 JUL 26 AM 11:56

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F05000002772</b> 1. Entity Name <b>CUROMAX LIMITED INC.</b>			
Principal Place of Business <b>2700 Matheson Blvd East Suite 700, West Tower Mississauga, ON L4W 4V9</b>		Mailing Address <b>2700 Matheson Blvd East Suite 700, West Tower Mississauga, ON L4W 4V9</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		06262006 No Chg-P CR2E034 (11/05) <b>06</b>	
		4. FEI Number <b>8Q-0111404</b> Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when re-electing)</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached list - Exhibit "A".		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
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 807, Florida Statutes; and that my name appears in Block 10 or Block 11.0 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>Desmond M. Reynolds</b> 		Executive V.P. <b>6/27/06</b> CFO & Secretary	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

000078284520  
08/02/06--01064--005 \*\*\*550.00

282

**EXHIBIT "A"**

**CUROMAX LIMITED**  
**a Delaware corporation**

**OFFICERS:**

<u><b>Name &amp; Address</b></u>	<u><b>Title</b></u>
Alan H. Bird 2700 Matheson Blvd. East Suite 700, West Tower Mississauga, ON, CANADA L4W 4V9	President and Chief Executive Officer
Michael A. Collins 2700 Matheson Blvd. East Suite 700, West Tower Mississauga, ON, CANADA L4W 4V9	Executive Vice President and Chief Operating Officer
Desmond M. Reynolds 2700 Matheson Blvd. East Suite 700, West Tower Mississauga, ON, CANADA L4W 4V9	Executive Vice President, and Chief Financial Officer and Secretary
Kreig C. Smith 2700 Matheson Blvd. East Suite 700, West Tower Mississauga, ON, CANADA L4W 4V9	Executive Vice President and Chief Strategic Officer

**DIRECTORS:**

Alan H. Bird 2700 Matheson Blvd. East Suite 700, West Tower Mississauga, ON, CANADA L4W 4V9	Desmond M. Reynolds 2700 Matheson Blvd. East Suite 700, West Tower Mississauga, ON, CANADA L4W 4V9
Kreig C. Smith 2700 Matheson Blvd. East Suite 700, West Tower Mississauga, ON, CANADA L4W 4V9	Michael A. Collins 2700 Matheson Blvd. East Suite 700, West Tower Mississauga, ON, CANADA L4W 4V9