2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 06, 2007 08:00 AN Secretary of State

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1. Enhly Nam	MENT # F050000042	Secretary of Sta					
Principal Place of Business 470 MIDWEST ROAD TORONTO, ONTARIO CANADA M1P 4Y5, XX		Mailing Address 470 MIDWEST ROAD TORONTO, ONTARIO CANADA M1P 4Y5, XX					
DO NOT WRITE IN THIS SPA			CE	07042007 4. FEI Numbi 98-035	No Chg-P	2-P CR2E034 (11/05)  Applied For Not Applicable	
	6. Name and Address of Current Re	gistered Agent		L.,			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE IN THIS SPACE				
8. The above	named entity submits this statement for the	e purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	orida. I am familiar with, and accep	ρŧ
the obligat	tions of registered agent.						
SIGNATURE_	Signature, typed or printed name of registered agent and	title if opplicable (NOTE Registers	d Agent signature required	f when (sinsialing)	<u> </u>	DATE	
FILE NOWIII FEE IS \$150.00 9. Election Campaign Finar Due by September 14, 2007 Trust Fund Contribution.			ting \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10.	OFFICERS AND DI	RECTORS	1				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PCD LENGYEL, ANDREW 470 MIDWEST ROAD TORONTO, ONT., CANADA,						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO LENGYEL, PETER 470 MIDWEST ROAD TORONTO, ONT., CANADA,			000000771534 08/07/07-80006-009 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LENGYEL, GARY 470 MIDWEST ROAD TORONTO, ONT., CANADA,		DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST ZIP		ng major ung land					
TITLE NAME STREET ADDRESS							

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied entail report is true and accitrate 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 of trustee ampowered 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 attack tient with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

G OFFICER OR DIRECTOR

JU43/07

416-288-1320

Daylime Phone #