## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000005513

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Entity Name: INTERCHANGE SOLUTIONS, INC.

## FILED Jul 13, 2006 Secretary of State

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
19 ALLSTATE PARKWAY, SUITE 120 MARKHAM, ON CANADA L3R 5A4,			19 ALLSTATE PARKWAY, SUITE 120 MARKHAM, ON L3R 5A4 CA	
Current Mailing Address:		New Mailir	New Mailing Address:	
19 ALLSTATE PARKWAY, SUITE 120 MARKHAM, ON CANADA L3R 5A4,			19 ALLSTATE PARKWAY, SUITE 120 MARKHAM, ON L3R 5A4 CA	
FEI Number:	FEI Number Applied For ( )	FEI Number Not Appli	icable (X) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331 US				
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.				
SIGNATURE:				
	Electronic Signature of Registered Agent		Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CPS ( ) Delete DURST, MARK 24 BOVAIR TRAIL AURORA, ON CANADA L4G 1C8,	Title: Name: Address: City-St-Zip:	CPS (X) Change ( ) Addition DURST, MARK 24 BOVAIR TRAIL AURORA, ON L4G 1C8 CA	
Title: Name: Address: City-St-Zip:	VCT ( ) Delete DURST, JOHN 96 ELDERBERRY TRAIL AURORA, ON CANADA L4G 6X2,	Title: Name: Address: City-St-Zip:	VCT (X) Change ( ) Addition DURST, JOHN 96 ELDERBERRY TRAIL AURORA, ON L4G 6X2 CA	
Title: Name: Address: City-St-Zip:	VP ( ) Delete DURST, JOHN 96 ELDERBERRY TRAIL AURORA, ON CANADA L4G 6X2,	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition DURST, JOHN 96 ELDERBERRY TRAIL AURORA, ON L4G 6X2 CA	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: MARK DURST VCT 07/13/2006

() Delete

( ) Delete

STOLZ, MIKE

ARNOLD, BRIAN

146 WALTON DRIVE

AURORA, ON L4G 3R8,

416 MATHEWS COURT

NEWMARKET, ON L3X 1C7,

(X) Change ( ) Addition

(X) Change ( ) Addition

STOLZ, MIKE

ARNOLD, BRIAN

146 WALTON DRIVE

AURORA, ON L4G 3R8 CA

416 MATHEWS COURT

NEWMARKET, ON L3X 1C7 CA