

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005513

FILED
May 03, 2007
Secretary of State

Entity Name: INTERCHANGE SOLUTIONS, INC.

Current Principal Place of Business:

19 ALLSTATE PARKWAY, SUITE 120
MARKHAM, ON L3R 5A4 CA

New Principal Place of Business:

Current Mailing Address:

19 ALLSTATE PARKWAY, SUITE 120
MARKHAM, ON L3R 5A4 CA

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Title: CPS () Delete
Name: DURST, MARK
Address: 24 BOVAIR TRAIL
City-St-Zip: AURORA, ON L4G 1C8 CA

Title: VCT () Delete
Name: DURST, JOHN
Address: 96 ELDERBERRY TRAIL
City-St-Zip: AURORA, ON L4G 6X2 CA

Title: VP () Delete
Name: DURST, JOHN
Address: 96 ELDERBERRY TRAIL
City-St-Zip: AURORA, ON L4G 6X2 CA

Title: D () Delete
Name: STOLZ, MIKE
Address: 416 MATHEWS COURT
City-St-Zip: NEWMARKET, ON L3X 1C7 CA

Title: D () Delete
Name: ARNOLD, BRIAN
Address: 146 WALTON DRIVE
City-St-Zip: AURORA, ON L4G 3R8 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: MARK DURST

CPS

05/03/2007

Electronic Signature of Signing Officer or Director

Date