2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000007434

1. Entity Name
SOFTCARE INNOVATIONS INC.

Principal Place of Business	Mailing Address
675 DAVENPORT RD WATERLOO, ONTARIO CANADA, N2V2E-2	675 DAVENPORT RD WATERLOO, ONTARIO CANADA, N2V2E-2

DO NOT WRITE IN THIS SPACE

02272006 No Chg-P CR2E034 (11/05)

4. FEI Number
98-0191232

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COMMERCIAL DESIGN PRODUCTS, INC.
535 MARY JESS RD
ORLANDO, FL 32839

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000005028801
04/26/06-80010-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BECKLEY, TONY
STREET ADDRESS	72 CENTRE ST
CITY-ST-ZIP	STRATFORD, ON CANADA, N5A1E3
TITLE	D
NAME	WAY, ROB
STREET ADDRESS	311 AMBERWOOD DR
CITY-ST-ZIP	WATERLOO, ON CANADA, N2T2E9
TITLE	D
NAME	BECKLEY, JANIE
STREET ADDRESS	72 CENTRE ST
CITY-ST-ZIP	STRATFORD, ON CANADA,
TITLE	D
NAME	WAY, MICHELE
STREET ADDRESS	311 AMBERWOOD DRIVE
CITY-ST-ZIP	WATERLOO, ON CANADA, N2T2E9
TITLE	D
NAME	MILLENIUM HOLDINGS
STREET ADDRESS	421 MANITOU DRIVE
CITY-ST-ZIP	KITCHENER, ON CANADA, N2C1L5
TITLE	D
NAME	RUBY, BRIAN
STREET ADDRESS	1 WESTGATE WALK
CITY-ST-ZIP	KITCHENER, ON CANADA,

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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 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: _____ 04/06/06 519-745-2101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #