2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# F06000000483

Entity Name: ELLISDON SERVICES, INC.

Current Principal Place of Business:

265 PROMENADE CIRCLE
HEATHROW, FL 32746

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5093
LONDON,ONTARIO, CANADA, N6A 4M6

New Mailing Address:

P.O. BOX 5093
LONDON, ON N6A 4M6 CA

FEI Number: 98-0485509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKRLD, INC.,
1102-201 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SKRLD, INC.
1102-201 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134 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: _____ 05/05/2008
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: CP ( ) Delete
Name: SMITH, GEOFFREY
Address: 290 DONESSLE DRIVE
City-St-Zip: OAKVILLE,ONTARIO,CANADA, L6J 3Y6

Title: DT ( ) Delete
Name: BERNHARDT, JOHN
Address: 22 SEPTEMBER LANE
City-St-Zip: LONDON, ONTARIO,CANADA, N6K 3Y6

Title: DS ( ) Delete
Name: KING, JAMES
Address: 40 SCOTTSDALE ROAD
City-St-Zip: LONDON, ONTARIO,CANADA, N6P 1C8

Title: VP ( ) Delete
Name: BLAIR, BRUCE
Address: 265 PROMENADE CIRCLE
City-St-Zip: HEATHROW, FL 32746

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:

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: MARYANN MOONS T 05/05/2008
Electronic Signature of Signing Officer or Director Date