## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000000483

Entity Name: ELLISDON SERVICES, INC.

265 PROMENADE CIRCLE

HEATHROW, FL 32746

Address:

City-St-Zip:

FILED Apr 14, 2009 Secretary of State

Entity Nai	me: ELLISDO	IN SERVICES, INC.			
Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
265 PROMENADE CIRCLE HEATHROW, FL 32746				2045 OXFORD STREET EAST LONDON, ON N5V2Z7 CA	
Current M	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
P.O. BOX LONDON,	5093 ON N6A 4M	6 CA			
FEI Number	: 98-0485509	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent	Name and Address	Name and Address of New Registered Agent:	
	IC., ALHAMBRA C ABLES, FL 33			SKRLD, INC. 1102-201 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 US	
	named entity e of Florida.	submits this statement for tl	ne purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:			04/14/2009	
	Electro	nic Signature of Registered	Agent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SMITH, GEOFI 290 DONESSL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BERNHARDT, 22 SEPTEMBE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	KING, JAMES 40 SCOTTSDA	) Delete LE ROAD ARIO,CANADA, N6P 1C8	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	VP ( BLAIR, BRUCE	) Delete	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JOHN BERNHARDT DT 04/14/2009