

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90159 041 ***150.00

40066684



03202007 Chg-P CR2E034 (12/06)

4. FEI Number
20-5205522
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	BRETT, CHRIS	
STREET ADDRESS	HC33 BOX 164 BALD HEAD RD	
CITY-ST-ZIP	ARROWSIC, ME 04530	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSCO, DAVID	
STREET ADDRESS	430-8170 50TH ST	
CITY-ST-ZIP	EDMONTON, ALBERTA T6B 1E6,	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARLBOM, HERN	
STREET ADDRESS	#430-8170 50TH ST	
CITY-ST-ZIP	EDMONTON, ALBERTA T6B 1E6,	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRETT, CHRIS	
STREET ADDRESS	HC33 BOX 164 BALD HEAD RD	
CITY-ST-ZIP	ARROWSIC, ME 04530	
TITLE	ST	<input type="checkbox"/> Delete
NAME	COSCO, GEORGINA A	
STREET ADDRESS	430-8170 50TH ST	
CITY-ST-ZIP	EDMONTON, ALCERTA T68 IE6,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 21, 2007 780 993 2999
Date Daytime Phone #