

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F06000007694

1. Entity Name
NORMAN ALBERT LIMITED CORP.



Principal Place of Business

257 N. FRONT STREET
BELLEVILLE ON CANADA K8N 5E9,

Mailing Address

POST OFFICE BOX 1208
BELLEVILLE ON CANADA K8N 5E9,

FILED
Mar 19, 2007 08:00 A
Secretary of State



03072007 No Chg-P CR2E034 (11/05)

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4. FEI Number
98-0052890

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRUNTON REGISTERED AGENTS, INC.
4710 NW 2ND AVENUE
SUITE 101
BOCA RATON, FL 33431

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IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(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	D
NAME	ALBERT, DAVID
STREET ADDRESS	257 N. FRONT STREET
CITY-ST-ZIP	BELLEVILLE ON CANADA K8N 5E9,
TITLE	P
NAME	ALBERT, NORMAN
STREET ADDRESS	257 N. FRONT STREET
CITY-ST-ZIP	BELLEVILLE ON CANADA K8N 5E9,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/07-80057-024 150.00

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IN THIS SPACE**

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

Date

Daytime Phone #

March 12, 2007