2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003196

Entity Name: COGSDALE CORPORATION

FILED Apr 14, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
14 MACALEES DRIVE				14 MACALEER DRIVE	
SUITE 5 CHARLOTTETOWN PE1 CIE 2A1,			SUITE 5 CHARLOTTETOWN, I	PE C1E 2A1 CA	
				New Mailing Address:	
Current Mailing Address:			New Mailing Address	New Mailing Address.	
14 MACALEES DRIVE SUITE 5			14 MACALEER DRIVE SUITE 5	<u> </u>	
CHARLOTTETOWN PE1 CIE 2A1,			CHARLOTTETOWN, PE C1E 2A1 CA		
FEI Number	: 98-0363498	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
	DAREN L RSTONE PIN SSEE, FL 323				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU					
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	SHAW, DUNC 58 GEORGE S) Delete AN SAMUEL DRIVE AINS NOVA SCOTIA B,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	PD (PERRY, DAVI) Delete	Title: Name:	() Change () Addition	
Name: Address:	8 GAMMA CO		Address:		
City-St-Zip:	ONTARIO K2J	3W8 CANADA,	City-St-Zip:		
Title:	,) Delete	Title:	() Change () Addition	
Name: Address:	,		Name: Address:		
City-St-Zip:		PEZ COA 1HO CANADA,	City-St-Zip:		
Title: Name:	ST (GAUDIN. TOD) Delete D	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: TODD GAUDIN CFO 04/14/2008

96 WESTRIDGE CRESCENT

CHARLOTTETOWN PEZ CIA 9E7,

Address:

City-St-Zip: