

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001860

FILED
Feb 15, 2011
Secretary of State

Entity Name: VILLAGE SQUARE SPECIAL PRODUCTS INC.

Current Principal Place of Business:

200 NE 2ND AVENUE
SUITE 101
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

200 NE 2ND AVENUE
SUITE 101
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 20-5960330 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DAVID F. HANLEY, P.A.
3220 OVERLOOK ROAD
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CHRM
Name: SHANNON, WILLIAM
Address: 5524 ST PATRICK #330
City-St-Zip: MONTREAL, QC H4E1A8 CA

Title: P
Name: SHANNON, WILLIAM
Address: 5524 ST PATRICK #330
City-St-Zip: MONTREAL, QC H4E1A8 CA

Title: VCHR
Name: SHANNON, MICHAEL
Address: 2860 HILL PARK ROAD
City-St-Zip: MONTREAL, QC H34 177 CA

Title: V
Name: SHANNON, MICHAEL
Address: 2860 HILL PARK ROAD
City-St-Zip: MONTREAL, QC H34 177 CA

Title: S
Name: KYRTATAS, MARIA
Address: 5524 ST PATRICK, SUITE 330
City-St-Zip: MONTREAL, QC H4E 1A8 CA

I hereby 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 all other like empowered.

SIGNATURE: MARIA KYRTATAS

SECR

02/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date