2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15196

Entity Name: ELKAR HOLDINGS (FLORIDA), INC.

MORTON, HENRY

1090 DON MILLS RD, STE 600

DON MILLS, ON M3C3R6 CA

Name:

Address:

City-St-Zip:

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
1090 DON MILLS RD. SUITE 600 DON MILLS, ON M3C 3R6			1090 DON MILLS RD. SUITE 600 DON MILLS, ON M3C 3R6 CA		
Current M	lailing Addres	ss:	New Mailing Addre	ess:	
1090 DON MILLS RD. SUITE 600 DON MILLS, ON M3C 3R6			1090 DON MILLS RD. SUITE 600 DON MILLS, ON M3C 3R6 CA		
FEI Number	: 59-2056341	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
ORLANDO The above	TH MAGNOLIA D, FL 32801	US	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATU					
Electronic Signature of Registered Age			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	MORTON, PAU 1090 DON MIL) Delete IL, LS RD STE 600 DN M3C 3R6 CA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (GOLDBERG, L 181 BAT STRE TORONTO,, OI	ET, STE 2500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GOLDBERG, E 1090 DON MIL	•	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	DPTA () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: HENRY MORTON DPTA 04/27/2006