


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90012 040 ***150.00

DOCUMENT # F25443 1. Entity Name PELICAN CANVAS CORPORATION					
Principal Place of Business 1145 NE 9TH AVE FT LAUDERDALE, FL 33304			Mailing Address 1145 NE 9TH AVE FT LAUDERDALE, FL 33304		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2085792	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARCHLOWITZ, BERND G. 1145 NE 9TH AVE FT LAUDERDALE, FL 33304				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MARCHLOWITZ, PATRICIA 1145 NE 9TH AVE FT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIXON, THOMAS A. 2241 SW 38 AVENUE Ft. Lauderdale, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARCHLOWITZ, BERND 1145 NE 9TH AVE FT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARCHLOWITZ, BERND 1145 NE 9TH AVENUE Ft. Lauderdale, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DIXON, THOMAS A 2241 SW 38TH AVE FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARCHLOWITZ, PATRICIA 1145 NE 9TH AVENUE Ft. Lauderdale
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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. PATRICIA L. MARCHLOWITZ					
SIGNATURE: <i>Patricia L Marchlowitz</i> DS			3-16-06 (954) 829-7716		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		