	2004 FOR PROFIT CORPORATION ANNUAL REPORT					FILED Jan 20, 2004 08:00 AM		
10 BATTERE CRESCENT WILLOWDALE, ONT, CA M2L 2-3 CA WILLOWDALE, ONT, CA M2L 2-3 CA WILLOWDALE, ONT, CA M2L 2-3 CA WILLOWDALE, ONT, CA M2L 2-3 CA UNDERDEL, CAN, CA M2L 2-3 CA UNDERDEL, CAN	1. Entity Name				Secretary of State			
DO NOT WRITE IN THIS SPACE     01082004     No Chy-P     0R26034 (10/03)       1     Centrate of Status Desired     1/02 200221     1/02 200221       1     Status Desired of Status Desired Agent   PEACOCK, ROBERT W, JR 315 EAST ROBINSON SUITE PROD CRUMMACK ENTROPULLING #1 ORLOW THE UPLOADED OF CRUMMACK STATUS DURING M3 ORLOW THE UPLOADED OF CRUMMACK STATUS DURING STATUS DUR	10 BAYTREE	CRESCENT	10 BAYTREE CRESCENT	2-3 CA		n (anti contra antina antina antina nationa nationa nationa di stato di stato di stato di stato di stato di sta		
	D	O NOT WRITE	IN THIS SPA	CE	01082004 4. FEI Numbr 59-220	No Chg-P CR2E034 (10/03) er 16221 Applied For 16221 Not Applicat status Desired Status Desired Status Desired		
Inter obligations of registered agent.   SIGNATURE   Details, typed of pritted name of registered agent and is opticable   PILE NOWILL FEE IS \$150.00   After May 1, 2004 Fee will be \$550.00   Inter May 1, 2004 Fee ARL   Int	315 EAST LANDMAR	, ROBERT W, JR ROBINSON SUITE #600 K CENTRE BUILDING #1	gistered Agent	-		NOT WRITE		
After May 1, 2004 Fee will be \$550.00       Trust Fund Contribution.       Added to Fees         10.       OFFICERS AND DIRECTORS       Intel         ITTLE       PD       Intel         NME       LABERGE, EARL       ID BAYTREE CRESCENT         10.       DAYTREE CRESCENT       UDDDDDDDDDB567         ITTLE       WILLOWDALE ONT CAN, CA m21 2g3       UDDDDDDDDB567         ITTLE       MAK       Street Acoress         ITTLE       MAK       UDDDDDDDDB567         ITTLE       ITTLE       ITTLE         ITTLE       MAK       UDDDDDDDDB567 <td>the obligat</td> <td>ions of registered agent. Signature, typed or printed name of registered agent and</td> <td>dria d applicable. (NOTE: Pagister</td> <td>ed Agent signature required</td> <td>1 when reinstatiang)</td> <td></td>	the obligat	ions of registered agent. Signature, typed or printed name of registered agent and	dria d applicable. (NOTE: Pagister	ed Agent signature required	1 when reinstatiang)			
PD       MARE     LABERGE, EARL       SIRET ADDRESS     10 BAYTREE CRESCENT       UND0000008567     01/20/04-80069-007 150.00       ITTLE     MARE       MARE     SIRET ADDRESS       CITY-ST-2P     DO NOT WRITE       ITTLE     MARE       SIRET ADDRESS     CITY-ST-2P       ITTLE     MARE       SIRET ADDRESS     CITY-ST-2P       ITTLE     SIRET ADDRESS       CITY-ST-2P     DO NOT WRITE       ITTLE     NAME       SIRET ADDRESS     CITY-ST-2P       ITTLE     NAME       SIRET ADDRE	After Ma	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution		led to Fees			
NAME     01/20/04-90069-007 150.00       STREET ADDRESS     DO NOT WRITE       NAME     DO NOT WRITE       INIE     NAME       STREET ADDRESS     DO NOT WRITE       INIE     INIE       NAME     STREET ADDRESS       CITY-ST-2P     DO NOT WRITE       INIE     INIE       NAME     STREET ADDRESS       CITY-ST-2P     INIE       INIE     STREET ADDRESS       CITY-ST-2P     INIE       INIE     STREET ADDRESS       CITY-ST-2P     INIE       INIE     INIE       NAME     STREET ADDRESS       CITY-ST-2P     INIE       INIE     INIE       INIE     INIE       INIE     INIE       INIE     INIE       INIE     INIE       INIE     INIE	TITLE NAME STREET ADDRESS	PD LABERGE, EARL 10 BAYTREE CRESCENT						
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NME STEET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic Indicated on this report or supplemential report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficient or direct 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 T changed, or on an attachment with an address, with all other like empowered. 411b	NAME STREET ADORESS				IN <sup>-</sup>	THIS SPACE		
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changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS CITY-ST-ZIP							
	changed,	or on an attachment with an address, with	all other like empowered.		ection 119.07(3) same legal effec 7, Florida Statute	(i), Florida Statutes. I further certify that the information ct as if made under ceth; that I am an officer or directo es; and that my name appears in Block 10 or Block 11 41/6 726-4788		