2006 FOR PROFIT CORPORATION ANNUAL REPORT

 $7/21/2006 \hbox{-} 90026 \hbox{-} 025 \hbox{-} \$150.00 \hbox{-} \$150.00$

FILED

	MENT # F71244					a § (- Lan L	_/	
1. Entity Nam COLD SP	PRINGS VILLAGE, INC.					06 AUG 19		_	
	e of Business STREET, P.O. 80X 100 D, ONTARIO NOM 2MO XX	Mailing Address 149 BROCK STREET, P.O. BOX 100 THAMESFORD, ONTARIO NOM 2MO CANADA, XX				SECRETAR ALLAHASS	11 TOR UDI	FIDH AIGH SIDI	4
2. Principal P	lace of Business Brock Street	3. Mailing Address	- Street_						
Suite, Apt.	#, etc. OX 100	Suite, Apt. #, etc. Box \00			07112006	Chg-P	CR2E034		
City & Stat Than Zip	nes ford ON	Cry & State Thamestord Zip	Country		4. FEI Number 59-22741	85		No	plied For x Applicable
MOM 3		OME MOU	Carada	.	5. Cartificate of	Status Desired		8.75 Add e Requires	
	8. Name and Address of Current	Registered Agent	Name		7. Name and Ad	idress of New Re	jistered Ag	ent	
24 SOUTH	USSELL W I ORANGE AVE. D, FL 32801		Namo Street Address (P.O. Box Number is Not Acceptable)						
ORDANDO, PE 32007				FL Zip Code					
	named entity submits this statement folions of registered agent.	r the purpose of changing its re	egistered office or	registere	ed agent, or both,	in the State of Flori	da. 1 am fai	niliar with,	and accept
SIGNATURE	Signature, typed or prented name of registered agent	and inte if applicable (NOTE F	Registered Agent signati	e regue ed	enen rengistrico	—-	DATE		
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ALTERNA

12. I hereby certify that the information supplied with this filling 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 eath; 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.

SIGNATURE: _	Michelle Wagter BIGHATURE AND TYPED OR PRINTED NAME OF BIGHAFO OF FIGURE OR DIRAFTOR		Oste	Osystma Phone 8	
OLONIATURE.	Michalla Way	TAT 11 D	July 12	2006 519-285-	-394(