2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F71244

Entity Name: COLD SPRINGS VILLAGE, INC.

FILED May 27, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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149 BROCK STREET BOX 100

THAMESFORD, ON NOM 2MO CA

Current Mailing Address: New Mailing Address:

149 BROCK STREET

BOX 100

THAMESFORD, ON NOM 2M0 CA

C/O MAPLE LEAF FOODS - ASST CORP SEC
1500-30 ST. CLAIR AVENUE WEST
TORONTO, ON M4V 3A2 CA

FEI Number: 59-2274185 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:

DIVINE, RUSSELL W 24 SOUTH ORANGE AVE. ORLANDO, FL 32801 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PD (X) Change () Addition

 Name:
 YOUNG, RICK
 Name:
 YOUNG, RICHARD

 Address:
 149 BROCK STREET, BOX 100
 Address:
 6985 FINANCIAL DRIVE

 City-St-Zip:
 THAMESFORD, ON NOM 2MO CA
 City-St-Zip:
 MISSISSAUGA, ON L5N 0A1 CA

ALY-SI-ZIP. ITAINIESPOND, ON NOW ZIMO CA CITY-SI-ZIP. IMISSISSAUGA, ON ESINUATICA

Title: D () Delete Title: EDD (X) Change () Addition Name: CAPPUCCITTI, ROCCO Name: CAPPUCCITTI, ROCCO

Address: 149 BROCK STREET, BOX 100 Address: 1500-30 ST. CLAIR AVENUE WEST City-St-Zip: THAMESFORD, ON NOM 2M0 CA City-St-Zip: TORONTO, ON M4V 3A2 CA

Title: D () Delete Title: EDD (X) Change () Addition

 Name:
 MCLEAN, RENE
 Name:
 MCLEAN, RENE

 Address:
 149 BROCK STREET BOX 100
 Address:
 6985 FINANCIAL DRIVE

City-St-Zip: THAMESFORD, ON NOM 2M0 CA City-St-Zip: MISSISSAUGA, ON L5N 0A1 CA

Title: ED () Delete Title: ED (X) Change () Addition Name: MCDOWELL, JEFF Name: MCDOWELL, JEFF

Address: 149 BROCK STREET, BOX 100 Address: 6985 FINANCIAL DRIVE
City-St-Zip: THAMESFORD, ON NOM 2M0 CA City-St-Zip: MISSISSAUGA, ON L5N 0A1 CA

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X) Change () Addition}$

Name: SINGER, DIANNE Name: SINGER, DIANNE

Address: 149 BROCK STREET Address: 1500-30 ST. CLAIR AVENUE WEST City-St-Zip: THAMESFORD, ON NOM 2M0 City-St-Zip: TORONTO, ON M4V 3A2 CA

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

SIGNATURE: DIANNE SINGER S 05/27/2009