


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F93000000612</b> 1. Entity Name DOCKSIDE THREADING, INC.	
--	---

Principal Place of Business 789 W. PENDER ST., SUITE 1020 VANCOUVER, BRITISH COLUMBIA CANADA V6C 1H2, v6c-1h2 XX	Mailing Address 789 W. PENDER ST., SUITE 1020 VANCOUVER, BRITISH COLUMBIA CANADA V6C 1H2, v6c-1h2 XX
---	---



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 94-2842141	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

HARRISON, FRANKLIN R  
304 MAGNOLIA AVENUE  
PANAMA CITY, FL 32401

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCST DOUMET, GEORGE M 1702-2077 NELSON STREET VANCOUVER, BRITISH COLUMBIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOUMET, DIMITRI 1701-2077 NELSON ST. VANCOUVER, BC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEARS, ELIZABETH 106-1705 NELSON ST. VANCOUVER, BC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000602053  
01/25/07-80074-010 158.75

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**  **ELIZABETH SEARS** **9 Jan 2007** **604-683-9641**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #