

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90231 048 ***150.00

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1. Entity Name
847895 ONTARIO LIMITED CORPORATION



Principal Place of Business
9617 SPRING LAKE DR
CLERMONT, FL 34711 US

Mailing Address
ONE YORKDALE ROAD
SUITE 510
TORONTO, ONTARIO, CA m6a-3a1



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0107308

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRATT, JAMES R ESQ.
GRAHAM, CLARK, JONES, BUILDER, PRATT & MARKS
369 NORTH NEW YORK AVENUE, 3RD FLOOR
WINTER PARK, FL 32789

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

**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 PD
NAME SILVER, SHOEL
STREET ADDRESS ONE YORKDALE RD. STE 510
CITY-ST-ZIP TORONTO, ONTARIO, CA m6a 3a1

TITLE T
NAME COOPER, BERNARD
STREET ADDRESS ONE YORKDALE RD. STE 510
CITY-ST-ZIP TORONTO, ONTARIO, CA m6a 3a1

TITLE SVD
NAME LUBIN, LAWRENCE
STREET ADDRESS ONE YORKDALE RD. STE 510
CITY-ST-ZIP TORONTO, ONTARIO, CA m6a 3a1

TITLE VD
NAME EILEEN, SILVER
STREET ADDRESS ONE TORKDALE RD STE 510
CITY-ST-ZIP TORONTO CANADA 146A9A1,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 25 2007
Date

416-785-6000
Daytime Phone #

LAWRENCE LUBIN