

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90099 001 \*\*\*150.00

DOCUMENT # F93000004017

1. Entity Name  
RIPLEY'S ATTRACTIONS INC.



Principal Place of Business  
7576 KINGSPONTE PKWY  
SUITE 188 PO BOX 9  
ORLANDO, FL 32819

Mailing Address  
1800-1067 WEST CORDOVA ST  
VANCOUVER BRITISH COLUMBIA, v63-1c7 CA



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
98-0111792

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	D LOBLAW, DARREN 7576 KINGSPONTE PKWY # 188 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DESMARAIS, NICK 4670 RAMSAY RD. NORTH VANCOUVER, BC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MASTERSON, ROBERT E 7576 KINGSPONTE PKWY # 188 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DESKA, NORM 7576 KINGSPONTE PKWY # 188 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KORENBERG, MICHAEL 1800-1067 WEST CORDOVA ST VANCOUVER BRITISH COLUMBIA, BC v6c 1c7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICK DESMARAIS

Jan 24 07 (604) 688-6764

Date

Daytime Phone #