


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90041 042 \*\*\*150.00

<b>DOCUMENT # F94000001253</b>	
1. Entity Name MFP FINANCIAL SERVICES (OF DELAWARE) INC.	

Principal Place of Business 2281 N. SHERIDAN WAY MISSISSAUGA, ON L5K-2S3 CA	Mailing Address 2281 N. SHERIDAN WAY MISSISSAUGA, ON L5K-2S3 CA
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2. Principal Place of Business 2281 N. SHERIDAN WAY	3. Mailing Address 2281 N. SHERIDAN WAY
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MISSISSAUGA, ONTARIO	City & State MISSISSAUGA, ONTARIO
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Zip L5K 2S3	Country CANADA	Zip L5K 2S3	Country CANADA
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01052004 Chg-P CR2E034 (10/03)

4. FEI Number 13-3493558	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD SUITE 508 MIAMI, FL 33156	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOLFRAM, J. PETER 2281 N SHERIDAN WAY MISSISSAUGA, ON L5K 2S3, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERRILL, FRASER R. 2281 N. SHERIDAN WAY MISSISSAUGA, ON L5K 2S3 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRITTON, KAREN J 2281 N SHERIDAN WAY MISSISSAUGA, ON L5K 2S3, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WRIGHT, ROBERT 2281 N SHERIDAN WAY MISSISSAUGA, ON L5K 2S3, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEVENS, R. BRIAN 2281 N. SHERIDAN WAY MISSISSAUGA, ONTARIO, OT L5K 2S3 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLANAGAN, MICHAEL A 2281 N SHERIDAN WAY MISSISSAUGA, ON L5K 2S3, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: <u>Karen Britton</u>	<u>Jan 24/04</u>	<u>9054034867</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #