
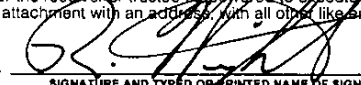


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90046 003 ***150.00

DOCUMENT # F94000001253 1. Entity Name RENASANT FINANCIAL PARTNERS INC.			
Principal Place of Business 2281 N. SHERIDAN WAY MISSISSAUGA ONTARIO CANADA L5K 2S3, XX		Mailing Address 2281 N. SHERIDAN WAY MISSISSAUGA ONTARIO CANADA L5K 2S3, XX	
2. Principal Place of Business - No P.O. Box # 55 CITY CENTRE DR. Suite, Apt. #, etc. 1000 City & State MISSISSAUGA, ON Zip LSB1M3 Country CANADA		3. Mailing Address 55 CITY CENTRE DR. Suite, Apt. #, etc. STR. 1000 City & State MISSISSAUGA, ON Zip LSB1N3 Country CANADA	
4. FEI Number 13-3493558		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERRILL, FRASER R 2281 N SHERIDAN WAY MISSISSAUGA, ON L5K 2S3, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000-55 CITY CENTRE DRIVE MISSISSAUGA, ON LSB1M3 CANADA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRITTON, KAREN J 2281 N SHERIDAN WAY MISSISSAUGA, ON L5K 2S3, <input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000-55 CITY CENTRE DRIVE MISSISSAUGA, ON LSB1N3 CANADA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLANAGAN, MICHAEL A 2281 N SHERIDAN WAY MISSISSAUGA, ON L5K 2S3, <input checked="" 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
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 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: 		ROBERT WRIGHT APR 11, 2007 905-281-5897 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

40097324



04102007 Chg-P CR2E034 (12/06)