
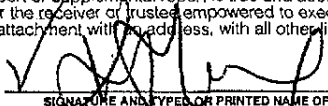


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000002793</b> 1. Entity Name <b>ROYKER INVESTMENTS LIMITED CORP.</b>					
Principal Place of Business <b>96 CHURCH ST., ST. CATHARINES ONTARIO CANADA L2R 3C8,</b>			Mailing Address <b>BRUNTON REGISTERED AGENTS 4710 N.W BOCA RATON BLVD., #101 BOCA RATON, FL 33431</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number <b>98-0163161</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BRUNTON REGISTERED AGENTS, INC. 4710 NW BOCA RATON BLVD., #101 BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>HOWE, RAYMOND 32 BARBICAN TRAIL ST CATHERINE ONTARIO,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>HOWE, MICHAEL 2586 5TH STREET LOUTH ST. CATHARINES, ONTARIO, L2R 6P7</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>HOWE, KERRY T JR. 15 PINE ST. ST CATHERINE ONTARIO,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>DEGASPERIS, MARY-TERESA 5 BRIARWOOD DRIVE ST CATHERINES ORTARIO, L254a6</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>COLACARRO, SHEILA 3 VILLAGE GREEN ST CATHERINE ONTARIO,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>COLACARRO, SHEILA 3 VILLAGE GREEN ST CATHERINE ONTARIO,</b>	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 no address, with all other like empowered.					
SIGNATURE:  <b>March 16 / 05</b> 905 688 1012 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					