


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000002793 1. Entity Name ROYKER INVESTMENTS LIMITED CORP.	
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Principal Place of Business 96 CHURCH ST., ST. CATHARINES ONTARIO CANADA L2R 3C8,	Mailing Address BRUNTON REGISTERED AGENTS 4710 N.W. BOCA RATON BLVD., #101 BOCA RATON, FL 33431
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01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0163161	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRUNTON REGISTERED AGENTS, INC. 4710 NW BOCA RATON BLVD., #101 BOCA RATON, FL 33431
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000429054 02/21/06-80073-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD HOWE, RAYMOND 32 BARBICAN TRAIL ST CATHERINE ONTARIO,
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D HOWE, MICHAEL 2586 5TH STREET LOUTH ST. CATHARINES, ONTARIO, L2R 6P7
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D HOWE, KERRY T JR. 15 PINE ST. ST CATHERINE ONTARIO,
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D DEGASPERIS, MARY-TERESA 5 BRIARWOOD DRIVE ST CATHERINES ORTARIO, L254a6
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D COLACARRO, SHEILA 3 VILLAGE GREEN ST CATHERINE ONTARIO,
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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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:  Kerry Howe	Date: Feb 2 / 06	Daytime Phone #: 905 688 1012
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