


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F94000002793 1. Entity Name ROYKER INVESTMENTS LIMITED CORP.	
---	---

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
--	--



02012007 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"/>	<b>\$8.75</b> 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	<b>DO NOT WRITE IN THIS SPACE</b>
--	-----------------------------------

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</b> <b>After May 1, 2007 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
---	--

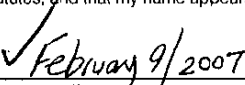
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWE, RAYMOND 32 BARBICAN TRAIL ST CATHERINE ONTARIO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWE, MICHAEL 2586 5TH STREET LOUTH ST. CATHARINES, ONTARIO, l2r 6p7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWE, KERRY T JR. 15 PINE ST. 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	

U00000634443  
02/22/07-80010-015 150.00

**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

 February 9/2007 905-688-1012 EXT 20