

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90023 008 ***150.00

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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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

98-0163161

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUNTON REGISTERED AGENTS, INC.
4710 NW BOCA RATON BLVD., #101
BOCA RATON, FL 33431

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME HOWE, RAYMOND
STREET ADDRESS 32 BARBICAN TRAIL
CITY-ST-ZIP ST CATHERINE ONTARIO,

TITLE PD ☒ Change ☐ Addition
NAME HOWE, RAYMOND
STREET ADDRESS 18 WESTMOUNT COURT
CITY-ST-ZIP ST. CATHARINES ON CANADA L2S 4C2

TITLE D ☐ Delete
NAME HOWE, MICHAEL
STREET ADDRESS 2586 5TH STREET LOUTH
CITY-ST-ZIP ST. CATHARINES, ONTARIO, L2R 6P7

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HOWE, KERRY T JR.
STREET ADDRESS 15 PINE ST.
CITY-ST-ZIP ST CATHERINE ONTARIO,

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DEGASPERIS, MARY-TERESA
STREET ADDRESS 5 BRIARWOOD DRIVE
CITY-ST-ZIP ST CATHERINES ORTARIO, L2S4A6

TITLE D ☒ Change ☐ Addition
NAME AZOTINI, MARY TERESA
STREET ADDRESS 46 ARBOUR GLEN DRIVE
CITY-ST-ZIP ST. CATHARINES ON CANADA L2N 1C6

TITLE D ☐ Delete
NAME COLACARRO, SHEILA
STREET ADDRESS 3 VILLAGE GREEN
CITY-ST-ZIP ST CATHERINE ONTARIO,

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

KT HOWE

Director

V.P.

✓ Jan 23/08 (905)

Date

Daytime Phone #

688-1012