

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004408

FILED
Jan 16, 2006
Secretary of State

Entity Name: PILLAR TO POST, INC.

Current Principal Place of Business:

13902 NORTH DALE MABRY HIGHWAY
SUITE 300
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

13902 NORTH DALE MABRY HIGHWAY
SUITE 300
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3256869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIVYER BARLOW & WATSON, P.A.
100 SOUTH ASHLEY DRIVE
SUITE 2150
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: ROGERS, STEVEN D
Address: 5397 EGLINTON AVE W SUITE 108
City-St-Zip: ETOBICOKE, ON M9C 5K6 CA

Title: MR () Delete
Name: HAYMAN, PAUL D
Address: 5397 EGLINTON AVE W SUITE 108
City-St-Zip: ETOBICOKE, ON M9C 5K6 CA

Title: MR () Delete
Name: CLEMENTS, PAUL DS
Address: 5397 EGLINTON AVE W SUITE 108
City-St-Zip: ETOBICOKE, ON M9C 5K6 CA

Title: MR () Delete
Name: LEBORG, HENRIK T
Address: 5805 WHITTLE ROAD SUITE 211
City-St-Zip: MISSISSAUGA, ON L4Z 2J1 CA

Title: MR () Delete
Name: STEWARD, DAN P
Address: 5805 WHITTLE ROAD SUITE 211
City-St-Zip: MISSISSAUGA, ON L4Z 2J1 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRIK LEBORG

_____ Electronic Signature of Signing Officer or Director

MR

01/16/2006

_____ Date