2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004408

Entity Name: PILLAR TO POST, INC

STEWARD, DAN P

5805 WHITTLE ROAD SUITE 211

MISSISSAUGA, ON L4Z 2J1 CA

Name:

Address:

City-St-Zip:

FILED Jan 17, 2007 Secretary of State

Entity Na	IIIE. FILLAR	O FOST, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
13902 NOI SUITE 300 TAMPA, F)	ABRY HIGHWAY		
Current Mailing Address:			New Mailing Address:	
13902 NORTH DALE MABRY HIGHWAY SUITE 300 TAMPA, FL 33618			5805 WHITTLE ROAD SUITE 211 MISSISSAUGA, ON M4V 2C3	
FEI Number	: 59-3256869	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
100 SOUT SUITE 215	ARLOW & WA TH ASHLEY DI 50 L 33602 US			
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ac	gent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	ROGERS, STE 5397 EGLINTO) Delete IVEN D IN AVE W SUITE 108 DN M9C 5K6 CA	Title: (Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	HAYMAN, PAU 5397 EGLINTO) Delete L D N AVE W SUITE 108 DN M9C 5K6 CA	Title: (Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	CLEMENTS, P 5397 EGLINTO) Delete AUL DS IN AVE W SUITE 108 DN M9C 5K6 CA	Title: (Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	LEBORG, HEN 5805 WHITTLE) Delete RIK T E ROAD SUITE 211 , ON L4Z 2J1 CA	Title: (Name: Address: City-St-Zip:	() Change () Addition
Title [.]	MR () Delete	Title: (() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: HENRIK LEBORG MR 01/17/2007