

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004408

Entity Name: PILLAR TO POST, INC.

FILED  
Apr 29, 2008  
Secretary of State

## 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.  
401 E. JACKSON STREET  
SUITE 2225  
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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CEOD (X) Change ( ) Addition  
Name: HAYMAN, PAUL D  
Address: 700 RICHMOND STREET-NORTH, SUITE 416  
City-St-Zip: LONDON, ON N6A 5C7 CA

Title: STD (X) Change ( ) Addition  
Name: CLEMENTS, PAUL W  
Address: 5397 EGLINTON AVE W SUITE 108  
City-St-Zip: ETOBICOKE, ON M9C 5K6 CA

Title: P (X) Change ( ) Addition  
Name: STEWARD, DAN  
Address: 13902 N. DALE MABRY HWY., SUITE 300  
City-St-Zip: TAMPA, FL 33618

Title: AT (X) Change ( ) Addition  
Name: COOKE, DOUGLAS  
Address: 1140 BAY STREET, SUITE 4000  
City-St-Zip: TORONTO, ON M5S 2B4 CA

Title: AS ( ) Change (X) Addition  
Name: FRIEDRICHSEN, JOHN  
Address: 1140 BAY STREET, SUITE 4000  
City-St-Zip: TORONTO, ON M5S 2B4 CA

I hereby certify that the information supplied with this filing does not qualify 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: PAUL W. CLEMENTS

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04/29/2008

Electronic Signature of Signing Officer or Director

Date