

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004408

Entity Name: PILLAR TO POST, INC.

FILED  
Feb 15, 2011  
Secretary of State

**Current Principal Place of Business:**

14502 NORTH DALE MABRY HIGHWAY  
SUITE 200  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

14502 NORTH DALE MABRY HIGHWAY  
SUITE 200  
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

**OFFICERS AND DIRECTORS:**

Title: DST  
Name: ROY, KEVIN  
Address: 5397 EGLINTON AVE W SUITE 108  
City-St-Zip: ETOBICOKE, ON M9C 5K6 CA

Title: CEO  
Name: STEWARD, DAN  
Address: 5399 EGLINTON AVE W SUITE 110  
City-St-Zip: ETOBICOKE, ON M9C5K6 CA

Title: D  
Name: CHASE, CHARLES  
Address: 5397 EGLINTON AVE W SUITE 108  
City-St-Zip: ETOBICOKE, ON M9C 5K6 CA

Title: P  
Name: STEWARD, DAN  
Address: 5399 EGLINTON AVE W SUITE 110  
City-St-Zip: ETOBICOKE, ON M9C 5K6 CA

Title: CFO  
Name: SWEENEY, JOSEPH D  
Address: 5399 EGLINTON AVE W SUITE 110  
City-St-Zip: ETOBICOKE, ON M9C 5K6 CA

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH SWEENEY

CFO

02/15/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date