

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001107

FILED
Apr 26, 2005
Secretary of State

Entity Name: CINITEL U.S. PROPERTIES, INC.

Current Principal Place of Business:

1090 DON MILLS ROAD, STE 600
DON MILLS ONTARIO M3C3R6
CANADA, XX

New Principal Place of Business:

1090 DON MILLS ROAD, STE 600
DON MILLS, ON M3C 3R6 CA

Current Mailing Address:

1090 DON MILLS ROAD, STE 600
DON MILLS ONTARIO M3C3R6
CANADA, XX

New Mailing Address:

1090 DON MILLS ROAD, STE 600
DON MILLS, ON M3C 3R6 CA

FEI Number: 98-0115501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKELLEY, JEANNIE
319 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32801 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: DC () Delete
Name: MORTON, PAUL
Address: 1090 DON MILLS ROAD, STE 600
City-St-Zip: DON MILLS, ON M3C 3R6 CA

Title: DP () Delete
Name: MORTON, HENRY
Address: 1090 DON MILLS ROAD, STE 600
City-St-Zip: DON MILLS, ON M3C 3R6 CA

Title: VP () Delete
Name: ACHESON, JOCELYN
Address: 1090 DON MILLS ROAD STE 600
City-St-Zip: TORONTO, ON M3C 3R6 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HENRY MORTON

DP

04/26/2005

Electronic Signature of Signing Officer or Director

Date