


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000001973	
1. Entity Name GOSSNER MANAGEMENT LIMITED COMPANY	

Principal Place of Business GOSSNER MANAGEMENT LIMTE #2207 ONE YONGE ST. TORONTO ON M5E 1E5	Mailing Address GOSSNER MANAGEMENT LIMTE #2207 ONE YONGE ST. TORONTO ON M5E 1E5
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04182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0137614	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FENNIMAN, JOHN 735 COLORADO AVENUE STUART, FL 34994
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

1100000128858
04/26/04-80055-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC GOSSNER, ISABELLA #2207 ONE YONGE STREET TORONTO, ON m5e 1e5
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HEBICH, DORIS SUITE 3401 65 HARBOUR SQUARE TORONTO ONT. M53 2L4 CANADA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BERNHARD, ELLA C/O CHAPPELL SUITE 3310 20 QUEEN ST. WEST TORONTO ONT. M5H 3R3 CANADA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. Gossner* **Isabella Gossner, President April 16th, 2004** **Tel 1416-3679531**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #