## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # F9600000215  1. Entity Name KING STREET WEST INVESTMENTS LIMITED, INC.						04-17-2006	90420 0	23 ***15	8.75
Principal Place of Business	Mailing Address								
163 KING STREET WEST KINGSTON,, ON K7L 2-W6	163 KING STREET WES KINGSTON,, ON K7L 2	KING STREET WEST						3221	
2. Principal Place of Business	3. Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc.			04112006	Chg-P	CR2E0	34 (11/05)		
City & State	City & State			4. FEI Number 98-01586	004		<del></del>	plied For t Applicable	
Zip Country	Zip	Countr	у		5. Certificate of	Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current I	Registered Agent				7. Name and A	ddress of New R	egistered /	Agent	
WEYLIE, WALLACE J			Name						
350 GULF BLVD. INDIAN ROCKS BEACH, FL 34635			Street Address (P.O. Box Number is Not Acceptable)						
			City				FL	Zip Cod	9
<ol><li>The above named entity submits this statement for the obligations of registered agent.</li></ol>	the purpose of changing its	registered	d office or re	egistere	d agent, or both,	in the State of Flo	orida. Lami	familiar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent a	nd title if annicante (NOT	F: Registered	Anent signature	n required w	vhen reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.0	9. Election Campa	aign Financ		\$5.0	00 May Be d to Fees				
10. OFFICERS AND		11.				LIANCEC TO OFF			
					ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	3 IN 11
TITLE PC	DIRECTORS Delete	TITLE			ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR:	S IN 11  Addition
NAME CUFFARI, CHARLES		TITLE NAME	I ADDOCCC		ADDITIONS/C	HANGES TO OFF	ICERS AND		
		TITLE NAME	I ADDRESS ST-ZIP		ADDITIONS/C	HANGES TO OFF	ICERS AND		
NAME CUFFARI, CHARLES STREET ADDRESS 163 KING STREET WEST,		TITLE NAME STREET	ST-ZIP	PC.					
NAME CUFFARI, CHARLES SIREET ADDRESS CITY-ST-ZIP KINGSTON, ON K7L 2W6 TITLE V NAME CUFFARI, NANCY	Oelete	TITLE NAME STREET CITY-S TITLE NAME	ST-ZIP	PC.				Change	Addition
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indicated on this report or supplied with fins filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report as 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 chapter 119, and the supplemental report is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 119, and the supplemental report is report or trustee empowered.

SIGNATURE: WHILE NAME OF SIGNING OFFICER OR DIRE

NANCY D. CUFFARI Apr. 10/06

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