2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000626

Entity Name: JASON-CRAIG ASSOCIATES INC.

TORONTO ONT., CA MS-VI2

City-St-Zip:

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
	ETREE CRESCENT JUGA, ONTARIO L5G 259, L5G2S US	1501 PINETREE CRESCENT MISSISSAUGA, ON L5G259 CA		
Current Mailing Address:		New Mailing Address:		
	ETREE CRESCENT LUGA, ONTARIO L5G 259, L5G2S US	1501 PINETREE CRESCENT MISSISSAUGA, ON L5G2S CA		
FEI Number	: 98-0042196 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desi	red()	
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent	Name and Address of New Registered Agent:	
SUITE B	AVID M IWINKLE WAY FL 33957 US			
	e named entity submits this statement for th e of Florida.	e purpose of changing its registered office or registered agen	t, or both,	
SIGNATU	RF [.]			
0.0.0.	Electronic Signature of Registered /	Agent Date		
Election Car	mpaign Financing Trust Fund Contribution ().			
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND D	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PC () Delete SMITH, PAULA H 1501 PINETREE CRESCENT, MISSISSAUGA, OI CANADA L5G 259,	Title: () Change () Addition Name: NT. Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	DV () Delete SMITH, CRAIG G 14 KINGSMILL ROAD TORONTO ONTARIO, CA M8X-28	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	SD () Delete SMITH, JASON D 208 FLANDERS RD TECUMSEH ONT, CA N8N-33	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address:	DV () Delete SMITH, CHRISTINE P 500 RICHMOND ST W PH 27	Title: () Change () Addition Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: PAULA SMITH PC 04/23/2007