

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000918

FILED
Mar 31, 2009
Secretary of State

Entity Name: DALFEN BOYNTON ENTERPRISES INC.

Current Principal Place of Business:

4444 STE CATHERINE WEST #100
WESTMOUNT QUEBEC CANADA, h3z 1r2

New Principal Place of Business:

4444 STE-CATHERINE ST.,WEST
SUITE 100
WESTMOUNT, QC H3Z 1R2 CA

Current Mailing Address:

4444 STE CATHERINE WEST #100
WESTMOUNT QUEBEC CANADA, H3Z- R2

New Mailing Address:

4444 STE-CATHERINE ST.,WEST
SUITE 100
WESTMOUNT, QC H3Z 1R2 CA

FEI Number: 98-0166061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COBB, THOMAS C
3841 NE 2ND AVE
SUITE 305
MIAMI, FL 33137 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: DCPS () Delete
Name: DALFEN, MURRAY
Address: 4444 STE CATHERINE WEST #100
City-St-Zip: WESTMOUNT QUEBEC CANADA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DALFEN, MURRAY
Address: 100-4444 STE-CATHERINE ST.,WEST
City-St-Zip: WESTMOUNT, QC H3Z 1R2 CA

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

SIGNATURE: MURRAY DALFEN

PRES

03/31/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date