


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90037 050 \*\*\*150.00

<b>DOCUMENT # F96000001869</b>	
1. Entity Name 578788 ONTARIO LIMITED INC.	

Principal Place of Business 45 PRINCE EDWARD BLVD THORNHILL ONTARIO CANADA, L3T 7G1	Mailing Address 45 PRINCE EDWARD BLVD THORNHILL ONTARIO CANADA, L3T 7G1
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Thornhill, Ontario, Canada	City & State Thornhill, Ontario, Canada
Zip L3T 7G1	Country CANADA

6. Name and Address of Current Registered Agent SILBER, ARTHUR 1368 BN. STATE RD 7 MARGATE, FL 33063	
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7. Name and Address of New Registered Agent Name: Silber, Arthur Street Address (P.O. Box Number is Not Acceptable): 1368 N. State Rd 7 City: Margate, FL Zip Code: 33063	
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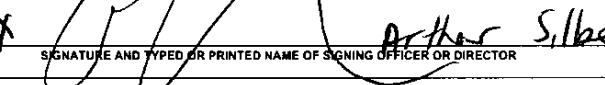
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILBER, ARTHUR 45 PRINCE EDWARD BLVD THORNHILL ONTARIO CANADA, L3T 7G1 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thornhill, Ontario CANADA L3T 7G1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SILBER, RILLA 45 PRINCE EDWARD BLVD THORNHILL ONTARIO CANADA, L3T 7G1 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thornhill, Ontario, CANADA L3T 7G1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.	
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SIGNATURE: 	454-971-9699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #