### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # F96000002642

Entity Name

N6A 4M6.

ELLIS-DON CONSTRUCTION, INC.



FILED
May 14, 2007 08:00 AM
Secretary of State

Principal Place of Business

2045 OXFORD ST., E. LONDON, ONTARIO CANADA Mailing Address

P.O. BOX 5093 London, Ontario Canada N6A 4M6,



### DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 91-1454114 Not Applied be Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SKRLD, INC. 201 ALHAMBRA CIRCLE., #1102 CORAL GABLES, FL 33134

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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.	

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, 2007 Fee will be \$550.00

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE SMITH, GEOFFREY NAME 290 DONESSLE DR. STREET ADDRESS CITY-ST-ZIP OAKVILLE, ONTARIO CANADA, TITLE BLAIR, BRUCE NAME STREET ADDRESS 265 PROMENADE CIR. HEATHROW, FL 32746 CITY-ST-7IP TITLE KING, JAMES NAME 40 SCOTTSDALE ST. STREET ADDRESS CITY-ST-ZIP LONDON, ONTARIO CANADA, TITLE BERHARDT, JOHN NAME STREET ADDRESS 22 SEPTEMBER LANE CITY-ST-ZIP LONDON, ONTARIO, CANADA, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000763898 05/30/07-80034-005 150.00

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12. Thereby certify that the information supplied with this filling 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.

SIGNATURE:

hi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/07

519-659-546

Daytime Phone #