2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 20, 2007 8:00 am Secretary of State DOCUMENT # F96000004726 1. Entity Name 04-20-2007 90087 012 ***150.00 FOREST NORTH AMERICAN HOLDINGS, INC. Principal Place of Business Mailing Address 209 SOUDAN AVENUE TORONTO, ONTARIO, CANADA M4S 1W2 209 SOUDAN AVENUE TORONTO, ONTARIO, CANADA M4S 1W2 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt. #. etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 98-0113869 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KETCHAM, RODNEY S 1980 NORTH ATLANTIC AVE., STE 918 Street Address (P.O. Box Number is Not Acceptable) COCOA BEACH FL 32931 Zip Code 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 reduired when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** HILE TITLE Delete Change ☐ Addition LEIBEL, ROBIN NAME NAME 209 SOUDAN AVENUE STREET ADDRESS STREET ADDRESS TORONTO, ON M451W-2 CITY-SI-ZIP CITY-ST-7IP Toronto, ON. Canada M4S 1W2 D THE ☐ Delete TITLE Change Addition LEIBEL, ALLAN NAME MARAE 119 LAKE PROMENADE STREET ADDRESS STREET ADDRESS TORONTO, ON M8W1A-2 CHTY-ST-ZIP CITY-ST-ZIP Toronto, ON. Canada M8W 1A2 D THE ☐ Delete MILE X Change ☐ Addition GAVSIE, ROSALIND NAME 2045 LAKESHORE BLVD W APT-3505 STREET ADDRESS STREET ADDRESS TORONTO ON m8-v2z6 CHY-ST-ZIP Toronto, ON. Canada M8V CITY-SI-ZIP 226 TODA ☐ Delete TITLE ☐ Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIE CITY-SI-ZIP THE ☐ Delete TITLE ☐ Chance Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robin Leibel

Ohr 12 2007 416-487-7237
Dayline Prove *

FILED