

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004726

FILED
Jan 23, 2009
Secretary of State

Entity Name: FOREST NORTH AMERICAN HOLDINGS, INC.

Current Principal Place of Business:

209 SOUDAN AVENUE
TORONTO, ONTARIO, CANADA
M4S 1W2,

Current Mailing Address:

209 SOUDAN AVENUE
TORONTO, ONTARIO, CANADA
M4S 1W2,

New Principal Place of Business:

209 SOUDAN AVENUE
TORONTO, ONTARIO, CANADA
M4S 1W2, ON

New Mailing Address:

209 SOUDAN AVENUE
TORONTO, ONTARIO, CANADA
M4S 1W2, ON

FEI Number: 98-0113869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVLIN, SUMMER
1980 NORTH ATLANTIC AVE., STE 128
COCOA BEACH, FL 32931 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: PSD () Delete
Name: LEIBEL, ROBIN
Address: 209 SOUDAN AVENUE
City-St-Zip: TORONTO, ON CANADA, M4S 1W2

Title: D () Delete
Name: LEIBEL, ALLAN
Address: 119 LAKE PROMENADE
City-St-Zip: TORONTO, ON CANADA, M8W 1A2

Title: D () Delete
Name: GAVSIE, ROSALIND
Address: 2045 LAKESHORE BLVD W APT-3505
City-St-Zip: TORONTO, ON CANADA, M8V 2ZG

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: LEIBEL, ROBIN
Address: 209 SOUDAN AVENUE
City-St-Zip: TORONTO, ON CANADA, ON M4S 1W2

Title: D (X) Change () Addition
Name: LEIBEL, ALLAN
Address: 119 LAKE PROMENADE
City-St-Zip: TORONTO, ON CANADA, ON M8W 1A2

Title: D (X) Change () Addition
Name: GAVSIE, ROSALIND
Address: 2045 LAKESHORE BLVD W APT-3505
City-St-Zip: TORONTO, ON CANADA, ON M8V 2ZG

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: ROBIN LEIBEL

PSD

01/23/2009

Electronic Signature of Signing Officer or Director

Date