

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F96000004967

1. Entity Name
OSMUND HOLDINGS LIMITED, INC.



Principal Place of Business
113 DAVENPORT RD.
%E REALTY SVCS.
TORONTO, ONTARIO M5R 1H8, CA

Mailing Address
113 DAVENPORT RD.
%E REALTY SVCS.
TORONTO, ONTARIO M5R 1H8, CA

FILED
Jan 19, 2005 08:00 AM
Secretary of State



01112005 No Chg-P CR2E034 (10/03)

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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ETKIN, SHARON 113 DAVENPORT ROAD TORONTO, CANADA, m5r 1h8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11000110185406
01/21/05-80014-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SHARON ETKIN *S. Etkin*

DATE: 1-12-05 TEL# 416 970 8474