2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED

Mar 12, 2007 8:00 am Secretary of State DOCUMENT # F96000005268 03-12-2007 90101 015 ***150 00 996826 ONTARIO INC. Principal Place of Business Mailing Address 185 SOMERSET STREET WEST, #200 185 SOMERSET STREET WEST, #200 60022762 **OTTAWA OTTAWA** ONTARIO, CA k2p-0j2 ONTARIO, CA k2p-0j2 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 98-0137344 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOEB, KENNETH J Street Address (P.O. Box Number is Not Acceptable) 2000 N. OCEAN BLVD., STE #206 BOCA RATON, FL 33431 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 algorature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change ■ Addition LOEB, DAVID NAME NAME STREET ADDRESS **60 POND STREET** STREET ADDRESS CITY-ST-ZIP OTTAWA, ONTARIO, CA k11 8j3 CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change Addition LOEB, KENNETH NAME NAME STREET ADDRESS 111 COLTRIN RD STREET ADDRESS CITY-ST-ZIP OTTAWA, ONTARIO, CA k1m 0k5 CITY-ST-ZIP LOEB, ARTHUR TITLE ☐ Delete TITLE Change ☐ Addition LOEB, ARTHUR NAME NAME 737 MANOR AUENUE STREET ADDRESS 55 WILLINGDON ROAD STREET ADDRESS OTTAWA, ONTARIO, CA k1m 2j6 CITY-ST-ZIP KIM OE4 CITY-ST-ZIP OTTAWA ONTARIO CA ■ Addition TITLE ☐ Delete TITLE LOEB, MITCHELL NAME NAME STREET ADDRESS **BOX 28** STREET ADDRESS CARP, NTARIO,, CA k0a 110 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED