


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90057 020 \*\*\*150.00

<b>DOCUMENT # F96000005268</b>	
1. Entity Name <b>996826 ONTARIO INC.</b>	

Principal Place of Business <b>185 SOMERSET STREET WEST, #200 OTTAWA ONTARIO, CA k2p-0j2</b>	Mailing Address <b>185 SOMERSET STREET WEST, #200 OTTAWA ONTARIO, CA k2p-0j2</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02202008 Chg-P CR2E034 (12/06)

4. FEI Number <b>98-0137344</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	
<b>LOEB, KENNETH J 2000 N. OCEAN BLVD., STE #206 BOCA RATON, FL 33431</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 _____	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOEB, DAVID</b>	NAME	
STREET ADDRESS	<b>60 POND STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>OTTAWA, ONTARIO, CA k1l 8j3</b>	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOEB, KENNETH</b>	NAME	
STREET ADDRESS	<b>111 COLTRIN RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>OTTAWA, ONTARIO, CA k1m 0k5</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOEB, ARTHUR</b>	NAME	
STREET ADDRESS	<b>737 MANOR AVENUE</b>	STREET ADDRESS	<b>184 SPRINGFIELD ROAD</b>
CITY-ST-ZIP	<b>OTTAWA, ONTARIO, CA k1m 0e4</b>	CITY-ST-ZIP	<b>KIM 1C2</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOEB, MITCHELL</b>	NAME	
STREET ADDRESS	<b>BOX 28</b>	STREET ADDRESS	<b>KOA 1L0</b>
CITY-ST-ZIP	<b>CARP, ONTARIO, CA K0A-L0</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: <u>ARTHUR LOEB</u>	Date: <u>Mar 24 2008</u>	Daytime Phone #: <u>613-2331104</u>
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