


FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90193 049 ***500.00

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # <u>F96000005465</u>	
1. Entity Name <u>THE ALPEN HOUSE ULC, CORPORATION</u>	

DO NOT WRITE IN THIS SPACE

50017321

CR2E034B (8/05)

2. Principal Place of Business <u>14875 BAYVIEW AV</u>		3. Mailing Address <u>14875 BAYVIEW AV</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>AURORA, ONTARIO</u>		City & State <u>AURORA, ONTARIO</u>	
Zip <u>L4G 3G8</u>	Country <u>CANADA</u>	Zip <u>L4G 3G8</u>	Country <u>CANADA</u>

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name <u>MARK ROBERTS</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>14216 NORTH US HWY 27</u>	
City <u>OCALA</u>	FL Zip Code <u>34482</u>

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] (NOTE: Registered Agent signature required when reinstating)

DATE 4-26-06

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ANDREW STRONACH DIRECTOR</u> <u>ANDREW STRONACH</u> <u>14875 BAYVIEW AV</u> <u>AURORA, ON L4G 3G8</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR</u> <u>ELFRIEDE STRONACH</u> <u>14875 BAYVIEW AV</u> <u>AURORA, ON L4G 3G8</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Elfriede Stronach APR 25, 2006 905-841-0336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #