DOCUMENT # F96000006578 1. Entity Name or -25-2006 90027 015 ***150.00 1. Entity Name T.R.L. HOLDINGS, INC. Principal Piace of Business 920 YONGE ST. 700 NOT ONTARIO M42-3C7 TORONTO ONTARIO M42-3C7 20 YONGE ST. TORONTO ONTARIO M42-3C7 TORONTO ONTARIO M42-3C7 ANADA, XX 20 YONGE ST. DO NOT WRITE IN THIS SPACE 7062005 No Chg-P CR2E034 (11/05) 4. FEI Number Applie 36-3044546 1001Ar 6. Name and Address of Current Registered Agent 20 YONGE ST. C T CORPORATION SYSTEM. 20 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 MOTE Registered Agent sequenced office or registered agent, or both, in the State of Florida. I am familiar with, and * 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 * 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 * The above named entity submits this statement for the purpose of changing its registered office or registered agent. DOIE SUGMA	2006 FOR PROFIT CORPORATION ANNUAL REPORT					FILED Jul 25, 2006 8:00 am Secretary of State	
920 YONGE ST. CANDA 500 YONG ST. CANDA 500 230 DO NOT WRITE IN THIS SPACE 00 ChipP CREDON 0. Mana and Address of Current Registered Agent 00 ChipP CREDON C. Contracted of Status Desired 38.75 Address 38.75 Address 0. The Boom ramed antity statement for the purpose of changing its registered Agent 00 NOT WRITE 38.75 Address C. Contracted of Status Desired 38.75 Address 00 NOT WRITE 38.75 Address 0. The Boom ramed antity statement for the purpose of changing its registered Agent contents 00 NOT WRITE 38.75 Address 0. The Boom ramed antity statement for the purpose of changing its registered agent, or both, in the State of Flocids. Lean familier with and the flocid agent. 38.75 Address 8. The Boom ramed antity statement for the purpose of changing its registered agent, or both, in the State of Flocids. Lean familier with and the flocid agent. 00 NOT WRITE 8. The Boom ramed antity statement for the purpose of changing financing \$5.00 May ftp 00 mocordance with s. 607.782(2)(1), F.S. 90 Officie State of Flocids AND DIFECTORS 00 NOT WRITE 00 NOT WRITE 00 NOT WRITE 90 Officie State of Flocids AND UNICO. ONTARIO. CA MAW 3C7 00 NOT WRITE 00 NOT WRITE 00 NOT WRITE 91 OFFICIERS AND DIFECTORS 92 YONGE ST.	1. Entity Nam	e	578			-	
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the obligations of registered agent. SIGNATURE Gynature, types or primer wave of registered agent and the algobiable POTE: Registered Agent lagendum required where reinstancing Title NOWTIL FEE 15 \$150.00 OFFICERS AND DIRECTORS Trust Fund Contribution OFFICERS AND DIRECTORS OFFICE ADDRESS OFFICERS AND DIRECTORS OFFICERS AND	1200 SOU	ORATION SYSTEM	legistered Agent				
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under eath; that I am an officer or r	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD COOPER, RICHARD M 920 YONGE ST. TORONTO, ONTARIO, CA M4W V COOPER, SYDNEY C 920 YONGE ST. TORONTO, ONTARIO, CA M4W ST BEKHOR, EDWARD E 920 YONGE ST.	3C7				
SIGNATURE: JULY 5 Joola 416964 18 80 BIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR Date Date Date	indicated of the cor changed,	on this report or supplemental report is poration or the receiver or trustee empo or on an attachment wirt at address, w	true and accurate and that my signe wered to execute this report as requiring other like empowered.	ature shall have thi ired by Chapter 6	e same legal effe 07, Florida Statut	ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if 5 200 6 416 964 18 80	