

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001574

Entity Name: 941333 ONTARIO INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

% MICHELE B. GRIMES
200 S. ORANGE AVE.
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

% MICHELE B. GRIMES
200 S. ORANGE AVE.
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-0301360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIMES, MICHELE
200 S. ORANGE AVE.
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ECKER, LUTZ D
Address: 3 CARL SHEPWAY
City-St-Zip: TORONTO ONTARIO, CN M2J 1X3

Title: DV () Delete
Name: ECKER, RUTH ANN
Address: 3 CARL SHEPWAY
City-St-Zip: TORONTO ONTARIO, CN M2J 1X3

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ECKER, LUTZ D
Address: 3 CARL SHEPWAY
City-St-Zip: TORONTO ONTARIO, CN M2J 1X3

Title: DV (X) Change () Addition
Name: ECKER, RUTH ANN
Address: 3 CARL SHEPWAY
City-St-Zip: TORONTO ONTARIO, CN M2J 1X3

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUTZ D. ECKER

DP

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date