


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 17, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F97000003168 1. Entity Name NORSTAR BUILDING CORPORATION	
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Principal Place of Business 2180 STEELES AVENUE W. SUITE 305 CONCROD, ONTARIO, CANADA, L4K-2S5 OC	Mailing Address 2180 STEELES AVENUE W. SUITE 305 CONCROD, ONTARIO, CANADA, L4K-2S5 OC
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07042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 16-1494435	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MCDONOUGH, BRIAN J 150 WEST FLAGLER STREET, SUITE 2200 MIAMI, FL 33130	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCT BROWN, NEIL 2180 STEELES AVENUE W. STE. 305 CONCROD, ONTARIO, CANADA, L4K2S5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SILVER, GARY B 2180 STEELES AVENUE W. STE. 305 CONCROD, ONTARIO, CANADA, L4K2S5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIGGINS, RICHARD L 100 UNION AVENUE SARATOGA SPRINGS, NY 12866
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000769263  
 07/17/07-80005-015 550.00

**DO NOT WRITE IN THIS SPACE**

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 another like empowered.

SIGNATURE: 	July 09, 2007	905-738-0454
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small> 8251