


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

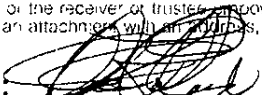
FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # F97000004164					
1. Entity Name 167154 CANADA INC.					
Principal Place of Business 5655 GULF OF MEXICO DRIVE C-205 LONGBOAT KEY FL 34228			Mailing Address PO BOX 418 ERIN, ONTARIO CN no-b1to		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 98-0127230	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEONARD, EDWARD 1001 3RD AVE. W., #700 BRADENTON FL 34205			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ (NOTE: Registered Agent signature required when changing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	000000866535 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROLLAND, JILLSON E	NAME	04/08/08-80032-019 150.00		
STREET ADDRESS	R.R. #2, ERIN, ONTARIO	STREET ADDRESS			
CITY-ST-ZIP	NOBITO CANADA	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROLLAND, ALEX	NAME			
STREET ADDRESS	R.R. #2, ERIN, ONTARIO	STREET ADDRESS			
CITY-ST-ZIP	NOBITO CANADA	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			



1st MOORE CR2E034 (10/07)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 affidavit, with all other like empowered.

SIGNATURE:  **JILLSON E. ROLLAND** **MARCH 17/2008** (519) 833-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR