2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006935

Entity Name: 920193 ONTARIO INC.

Address:

City-St-Zip:

1205 LONSDALE AVE

SUDBURY, ONTARIO, CA P3B 1K3

FILED Mar 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1174 ST. JEROME ST. SUDBURY ONTARIO, CA P3A 2V9 **Current Mailing Address: New Mailing Address:** 1174 ST. JEROME ST. SUDBURY ONTARIO, CA P3A 2V9 FEI Number: 98-0121748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CPA ASSOCIATES, P.A 1301 6TH AVE., W., #600 BRADENTON, FL 342057440 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PDC () Delete Title: () Change () Addition LAFRENIERE, CLEMENT Name: Name: 4532 CHENIER Address: Address: City-St-Zip: HANMER, ONTARIO, CA P3P 1X5 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: LAFRENIERE, MAURICE Name: 5 PALISADE PLACE Address: Address: SUDBURY, ONTARIO, CA P3A3X9 City-St-Zip: City-St-Zip: () Delete Title: Title: STDC () Change () Addition LAFRENIERE, GERALD Name: Name: 2020 JOSEPHINE Address: Address: City-St-Zip: SUDBURY, ONTARIO, CA P3A2M8 City-St-Zip: Title: () Delete Title: () Change () Addition LAFRENIERE, BERTHE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: GERALD LAFRENIERE STDC 03/07/2008