

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90231 046 \*\*\*150.00



DOCUMENT # F99000002481  
 1. Entity Name  
 1319824 ONTARIO LIMITED CORP.

Principal Place of Business  
 9617 SPRING LAKE DR  
 CLERMONT, FL 34711

Mailing Address  
 ONE YORKDALE ROAD, SUITE 510  
 TORONTO, ONTARIO, m6a-3a1

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 ONE YORKDALE ROAD  
 Suite, Apt. #, etc.  
 SUITE 510

City & State  
 TORONTO ONTARIO

4. FEI Number  
 98-0203855

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required



04202007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  
 PRATT, JAMES R  
 GRAHAM CLARK JONES ET AL  
 369 W NEW YORK AVENUE, 3RD FLOOR  
 WINTER PARK, FL 32789

7. Name and Address of New Registered Agent  
 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 reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVER, SHOEL D			NAME			
STREET ADDRESS	ONE YURKDALE ROAD SUITE 510			STREET ADDRESS			
CITY-ST-ZIP	M5P 3C2 CANADA,			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUBIN, LAWRENCE			NAME			
STREET ADDRESS	ONE YURKDALE ROAD, SUITE 510			STREET ADDRESS			
CITY-ST-ZIP	M5P 3C2 CANADA,			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRATT, JAMES R			NAME			
STREET ADDRESS	369 N NEW YORK AVE., 3RD FLOOR			STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32789			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, BERNARD			NAME			
STREET ADDRESS	ONE YORKDALE ROAD, SUITE 510			STREET ADDRESS			
CITY-ST-ZIP	TORONTO, CANADA, m6a 3a1			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVER, EILEEN			NAME			
STREET ADDRESS	ONE YURKDALE RD. SUITE 510			STREET ADDRESS			
CITY-ST-ZIP	TORONTO, CANADA, m6a 3a1			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 all other like empowered.

SIGNATURE: Lawrence Lubin  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 25 2007  
 Date

416-785-6000  
 Daytime Phone #

LAWRENCE LUBIN