

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90326 040 ***150.00

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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

40083583



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 One Yorkdale Road
 Suite, Apt. #, etc.
 Suite 601
 City & State
 Toronto, Ontario
 Zip Country
 M6A 3A1 Canada

04112008 Chg-P CR2E034 (12/06)

4. FEI Number
 98-0203855

Applied For
 Not Applicable

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

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVER, SHOEL D ONE YURKDALE ROAD SUITE 510 M5P 3C2 CANADA. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LUBIN, LAWRENCE ONE YURKDALE ROAD, SUITE 510 M5P 3C2 CANADA. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRATT, JAMES R 369 N NEW YORK AVE., 3RD FLOOR WINTER PARK, FL 32789 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOPER, BERNARD ONE YORKDALE ROAD, SUITE 510 TORONTO, CANADA, m6a 3a1 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SILVER, EILEEN ONE YURKDALE RD. SUITE 510 TORONTO, CANADA, m6a 3a1 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition one Yorkdale Road, Suite 601 Toronto, ON Canada M6A 3A1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition one Yorkdale Road, Suite 601 Toronto, ON Canada M6A 3A1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition one Yorkdale Road, Suite 601 Toronto, ON Canada M6A 3A1
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 APR 2008, 410 785 6000
 Date Daytime Phone #