

FILED
Mar 07, 2006 8:00 am
Secretary of State


03-07-2006 90002 044 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

20013757



02072006 Chg-P CR2E034 (11/05)

DOCUMENT # F99000006167					
1. Entity Name BCE NEXXIA CORPORATION					
Principal Place of Business 1209 ORANGE STREET WILMINGTON, DE 19801		Mailing Address 1209 ORANGE STREET WILMINGTON, DE 19801			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-2135567	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 re-issuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	DP COURVILLE, ISABELLE 2105 BORD DU LAC DORVAL, QU h9s 2 g4	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVSM HANLON, MARK S 1211 FAIMEADOW TRAIL OAKVILLE, ON l6m 2m8	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, THOMAS R DIRECTO 277 NORTH GOODMAN STREET, #404 ROCHESTER, NY 14607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KARL, GARY L DIRECTO 700 MIDTOWN TOWER ROCHESTER, NY 14604	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCEVOY, MICHAEL R DIRECTO 700 MIDTOWN TOWER ROCHESTER, NY 14604	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPRM BIBIC, MIRKO 58 POWELL AVE OTTAWA, ON k1s 2a1	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CORPORATE SECRETARY J.P. YVES CARON 5 Cecile Street, Embrun, Ontario, K0A 1W0	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-PRESIDENT, FINANCE BARRY W. PICKFORD 53 Woodlawn Avenue East, Toronto, Ont., M4T 1B9	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Isabelle Courville</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ISABELLE COURVILLE