## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000006600

City-St-Zip:

ST. CATHARINES, ON L2R 7P7 CA

Entity Name: PENNSYLVANIA ROADWARE CORPORATION

FILED May 25, 2006 Secretary of State

Littly Nai	He. FLINING!	EVAINIA ROADVVARE CORFC	RATION				
Current Principal Place of Business:			New Prin	New Principal Place of Business:			
147 EAST PARIS, ON	RIVER ROAD N N3L 3T6						
Current Mailing Address:			New Mail	New Mailing Address:			
P O BOX 5 PARIS, ON	520 N N3L 3T6						
FEI Number: 25-1686299 FEI Nu		FEI Number Applied For()	FEI Number Not App	licable ( )	able ( ) Certificate of Status Desired ( )		
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
1200 SOU	ORATION SYS TH PINE ISLA ON, FL 33324	ND RD					
	named entity e of Florida.	submits this statement for the p	ourpose of changing	its registered	d office or regi	stered agent, or both,	
SIGNATU	RE:						
	Electron	nic Signature of Registered Ag	ent	Date			
		3(2)(b), F.S., the corporation did no	ot receive the prior notic	ce.			
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	FOWLER, KEN 110 HANNOVE	Delete R DRIVE, PO BOX 24091 ES, ON L2R 7P7 CA	Title: Name: Address: City-St-Zip:		() Change () A	Addition	
Title: Name: Address: City-St-Zip:	SCHRIJVER, G	ER ROAD, PO BOX 520	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition GATIEN, LARRY 147 EAST RIVER ROAD, PO BOX 520 PARIS, ON N3L 3T6 CA			
Title: Name:	CRAIG, MIKE	Delete	Title: Name:	D FARRER, JA	(X) Change()/ AMIE VER DRIVE PO I		

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

City-St-Zip:

ST. CATHARINES, ON L2R 7P7 CA

SIGNATURE: LARRY GATIEN P 05/25/2006