

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H08863

FILED
Mar 31, 2008
Secretary of State

Entity Name: LANTERN WALK, INC.

Current Principal Place of Business:

3530 MYSTIC POINT DR
APT 1515
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

1550 DE MAISONNEUVE WEST,
SUITE 920
MONTREAL, QC H3G 1N2

New Mailing Address:

FEI Number: 59-2421087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRITZER, MICHAEL
2525 PONCE DE LEON BOULEVARD
5TH FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: RAYMER, SUSAN PRESIDE
Address: 1550 DE MAISONNEUVE BOULEVARD, SUITE 920
City-St-Zip: MONTREAL, QC H3G 1N2 00

Title: S () Delete
Name: RAYMER, SUSAN SECRETA
Address: 1550 DE MAISONNEUVE BOULEVARD WEST, #920
City-St-Zip: MONTREAL, QC H3G 1N2 00

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SUSAN E. RAYMER

PR

03/31/2008

Electronic Signature of Signing Officer or Director

Date