

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J88853

FILED
Apr 20, 2009
Secretary of State

Entity Name: GREAT LAKES DEVELOPMENTS, INC.

Current Principal Place of Business:

2033 MAIN ST. #600
POSTAL DRAWER 4195
SARASOTA, FL 34230

New Principal Place of Business:

Current Mailing Address:

1 PORT STR E SUITE 301
MISSISSAUGA ONTARIO CANADA
L5G 4N1, XX

New Mailing Address:

1 PORT STR E SUITE 301
MISSISSAUGA, ON L5G 4N1 CA

FEI Number: 65-0038691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTLETT, CHARLES J.
2033 MAIN ST. #600
SARASOTA, FL 34237 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: D () Delete
Name: JAMES, WILLIAM G.
Address: 1 PORT ST. MISSISSAUGA
City-St-Zip: ONTARIO, CANADA,

Title: D () Delete
Name: JAMES, ASTRIDE P.
Address: 1 PORT ST. MISSISSAUGA
City-St-Zip: ONTARIO, CANADA,

Title: D () Delete
Name: JAMES, JONATHAN
Address: 1 PORT ST MISSISSAUGA
City-St-Zip: ONTARIO CANADA,

Title: D () Delete
Name: SAMUEL, INGRID H
Address: 1 PORT ST MISSISSAUGA
City-St-Zip: ONTARIO CANADA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JAMES, WILLIAM G
Address: 1 PORT ST.
City-St-Zip: MISSISSAUGA, ON L5G 4N1 CA

Title: D (X) Change () Addition
Name: JAMES, ASTRIDE P
Address: 1 PORT ST.
City-St-Zip: MISSISSAUGA, ON L5G 4N1 CA

Title: D (X) Change () Addition
Name: JAMES, JONATHAN
Address: 1 PORT ST
City-St-Zip: MISSISSAUGA, ON L5G 4N1 CA

Title: D (X) Change () Addition
Name: SAMUEL, INGRID H
Address: 1 PORT ST
City-St-Zip: MISSISSAUGA, ON L5G 4N1 CA

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: JONATHAN JAMES

DIR

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date