## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

ANNUAL REPORT				Secretary of Sta		
DOCUI 1. Entity Name T.H.B. KE		• •			~	J
Principal Place of Business  331 RIVERVIEW DR  TORONTO, ONTARIO, CA m4n-3c9  Mailing Address  331 RIVERVIEW DR  TORONTO, ONTARIO, CA m4n-3c9		n-3c9		II 1881 68118 2018 18181 1818	1111 1211 1411 1411 141 141 141 141 141	
DO NOT WRITE IN THIS SPA			CE	07062006 No Chg-P CR2E034 (11/05)  4. FEI Number		
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYES STREET SUITE 105 TALLAHASSEE, FL 32301			-		NOT W THIS SP	
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						
			ed Agent signature require	signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00  Due by September 6, 2006  9. Election Campaign Final Trust Fund Contribution.						with s. 607.193(2)(b), F.S., the not receive the prior notice.
10.	OFFICERS AND DIF	ECTORS			<u>L</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECK, H. THOMAS 331 RIVERVIEW DR TORONTO ONTARIO, CA m4n 3cs				(1000000	F7070F
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BECK, CATHERINE ANNE 331 RIVERVIEW DR TORONTO ONTARIO, CA m4n 3cs	ı.			07/18/06-1	570705 80007-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			-	IN '	THIS SF	PACE
STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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: 🗸

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 6/06 416-322-733