


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # K54960 1. Entity Name GLENFAIR OCEAN PROPERTIES LIMITED, INC.	
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Principal Place of Business 25 WHITE AVE WEST HILL, ONTARIO M1C 1P1,	Mailing Address 25 WHITE AVE WEST HILL, ONTARIO M1C 1P1,
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DO NOT WRITE IN THIS SPACE



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2160755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRYOR, MARION J CPA
140 SOUTH ATLANTIC AVENUE
ORMOND BEACH, FL 32176

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CATAUDELLA, UMBERTO 25 WHITE AVE. WEST HILL ON CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CATAUDELLA, MARIA 25 WHITE AVE. WEST HILL ON CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATAUDELLA, BEN 25 CHALLENGER CT. WEST HILL ONT, CAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/17/05-80052-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 lines empowered

SIGNATURE:  UMBERTO CATAUDELLA MARCH 10/05 416-286-7768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #