


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K54960</b>		
1. Entity Name GLENFAIR OCEAN PROPERTIES LIMITED, INC.		

Principal Place of Business 25 WHITE AVE WEST HILL, ONTARIO M1C 1P1, XX	Mailing Address 25 WHITE AVE WEST HILL, ONTARIO M1C 1P1, XX
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07062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2160755	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  PRYOR, MARION J CPA 140 SOUTH ATLANTIC AVENUE ORMOND BEACH, FL 32176
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**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

U000000563460  
07/11/06-80028-007 158.75

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

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	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:**

*Umberto Cataudella*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

UMBERTO  
CATAUDELLA JULY 6/06 1-416-286-7768