

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90194 033 ***158.75

DOCUMENT # K88855

1. Entity Name
CANADIAN FUNDS INC.



Principal Place of Business
**2121 NE 40TH AVE
OCALA, FL 34470**

Mailing Address
**1602 ALTON ROAD
SUITE 100
MIAMI BEACH, FL 33139**

60033992



DO NOT WRITE IN THIS SPACE

04252008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0120439

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALEXANDER, A
1602 ALTON ROAD
STE 500
MIAMI BEACH, FL 33139**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------|
| TITLE | DVPA |
| NAME | ANSTISS, L |
| STREET ADDRESS | 1602 ALTON ROAD, STE 100 |
| CITY - ST - ZIP | MIAMI BEACH, FL 33139 |
| TITLE | VPAS |
| NAME | NUH, A. |
| STREET ADDRESS | 1602 ALTON RD., #100 |
| CITY - ST - ZIP | MIAMI BEACH, FL 33139 |
| TITLE | PTS |
| NAME | SMEJDA, H. |
| STREET ADDRESS | 2121 NE 40TH AVE |
| CITY - ST - ZIP | OCALA, FL 34470 |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #