## **PROFIT CORPORATION**

## **FILED** ANNUAL REPORT Aug 21, 2006 08:00 Al Secretary of State **DOCUMENT # K96804** 1. Entity Name SERAPHIM & ASSOCIATES, INC. Principal Place of Business Mailing Address **501 EAST BAY DR** P. O. BOX 784 CAMBRIDGE, ONTARIO N1R5W6 **UNIT 1801** LARGO, FL 33770 CANADA. CR2E034 (11/05) 08152006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2995654 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SERAPHIM, NICKOLAS DO NOT WRITE 501 EAST BAY DR **UNIT 1801** IN THIS SPACE LARGO, FL 33770 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 DATE (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Bo In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. **PVST** TITLE SERAPHIM, PAUL NAME STREET ADDRESS 501 EAST BAY DR, UNIT #1801 CITY-ST-ZIP LARGO, FL 33770 TITLE U00000574833 08/21/06-80003-017 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP

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:

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP