

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L06202

FILED
Jul 10, 2006
Secretary of State

Entity Name: WATERFORD PROPERTY HOLDINGS, INC.

Current Principal Place of Business:

11 CHURCH ST #200
TORONTO ONTARIO M531W1
CANADA, XX

New Principal Place of Business:

11 CHURCH ST #200
TORONTO ONTARIO M531W1
CANADA, ON M5E 1W1 CA

Current Mailing Address:

11 CHURCH ST #200
TORONTO ONTARIO M531W1
CANADA, XX

New Mailing Address:

11 CHURCH ST #200
TORONTO ONTARIO M531W1
CANADA, ON M5E 1W1 CA

FEI Number: 98-0101014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, RALPH
6003 RIVERSIDE DRIVE
YANKEETOWN, FL 34498 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: POWERS, THOMAS E
Address: 11 CHURCH STREET, STE. 200
City-St-Zip: TORONTO, ONT., CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: POWERS, THOMAS E
Address: 11 CHURCH STREET, STE. 200
City-St-Zip: TORONTO, ONT., ON M5E 1W1 CA

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS POWERS

PSD

07/10/2006

Electronic Signature of Signing Officer or Director

_____ Date