

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L52946

Entity Name: TULI DESIGN, INC.

FILED
Mar 21, 2007
Secretary of State

Current Principal Place of Business:

454 PARTRIDGE CIRCLE
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

C/O ROCKWAY GLEN GOLF - 3290-9TH ST LOUTH
ST.CATHARINES, ON L2R 6P7 CA

New Mailing Address:

FEI Number: 65-0187976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASWELL, CHRIS
2364 FRUITVILLE ROAD
SARASOTA, FL 34237 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: DP () Delete
Name: STRONGMAN, BRUCE
Address: 454 PARTRIDGE CIRCLE
City-St-Zip: SARASOTA, FL 34236 US

Title: DV (X) Delete
Name: STRONGMAN, CATHERINE
Address: 454 PARTRIDGE
City-St-Zip: SARASOTA, FL 34236 US

Title: S () Delete
Name: STRONGMAN, REID
Address: 120 MAPLEWOOD ROAD
City-St-Zip: MISSISSAUGA, ON L5G 2M6 CA

Title: T () Delete
Name: WILLIAMS, ROBERT
Address: 4170 MARTLEN CRESCENT
City-St-Zip: MISSISSAUGA, ON L5L 2H3 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT WILLIAMS

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03/21/2007

Electronic Signature of Signing Officer or Director

Date