

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

05 AUG -2 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckel AUG 08 2005



07142005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3004578

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, STANLEY M
748 BROADWAY
SUITE 201
DUNEDIN, FL 34698

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SCHMIDT, RICK
STREET ADDRESS 2600 PORTLAND STREET SE, STE 2050
CITY-ST-ZIP CALGARY, AB CANADA, T2G 4M6

TITLE O ☒ Delete
NAME DERASMO, DAN
STREET ADDRESS 2068 GROVELAND RD
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/O ☒ Change ☐ Addition
NAME Schmidt, Rick
STREET ADDRESS 2600 Portland Street, Ste 2050
CITY-ST-ZIP Calgary, AB Canada T2G 4M6

TITLE O ☐ Change ☒ Addition
NAME Reid, Graham
STREET ADDRESS 2600 Portland Street, Ste 2050
CITY-ST-ZIP Calgary, AB Canada T2G 4M6

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200058539972
08/12/05--01067--012 **\$61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Graham Reid

July 26/05

787-865-1200