## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2005 08:00 AM DOCUMENT # L96237 **Secretary of State** D C INVESTMENTS (ORLANDO), INC. Principal Place of Business Mailing Address 11 CHURCH STREET SUITE 200 11 CHURCH STREET SUITE 200 TORONTO ONTARIO M5E1W1 TORONTO ONTARIO M5E1W1 CANADA. CANADA. 04272005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 98-0113220 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, RALPH SR. DO NOT WRITE 6003 RIVERSIDE DRIVE YANKEETOWN, FL 34498 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. TITLE PSD NAME STEIN, MICHAEL 100000345151 STREET ADDRESS 11 CHURCH STREET, SUITE 200 04/30/05-80026-004 150.00 CITY-ST-ZIP TORONTO, ON M5E-11 DVP TITLE JACOBSON, RUSSELL NAME STREET ADDRESS 11 CHURCH ST #200 CITY-ST-ZIP TORONTO, ON m5e 1w1 ΠVP TITLE POWERS, THOMAS E NAME STREET ADDRESS 11 CHURCH ST #200 DO NOT WRITE CITY-ST-ZIP TORONTO, ON m5e 1w1 TITLE DVP IN THIS SPACE NAME BHARUCHA, YAZDI STREET ADDRESS 11 CHURCH ST #200 CITY-ST-ZIP TORONTO, ON m5e 1w1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

CITY-ST-ZIP

AND DIPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

7/April/05 (416

(416) 861-5753

FILED