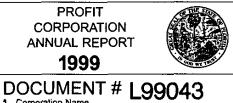
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90185 050 ***150.00

DONNA	AND PAUL, INC.										
March Charles											
		1:									
Principal Plac	e of Business "	Mailing Address					1 10211211 010 10112				
35 GLEN PARK COURT 35 GLEN PARK COURT							· ',				
HAMILTON, ONTARIO CANADA L8K 6-6 CANADA L8K 6-6 CANADA L8K 6-6							DO NOT WRITE IN THIS SPACE				
CANADA L8K 6-6 US US CANADA L8K 6-6 US							3. Date Incorporated or Qualified				
55							24/1990				
2. Principal P	lace of Business	2a. Mailing Address					Number			T A	pplied For
21	1000 01 2001/1000	26		•			0326132				lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						<u> </u>		\$8.75	Additional
22		27	_	_		5. Cen	tifcate of Status	Desired		Fee R	dequired
- City & Stat	θ	City & State				-6 Elec	ction 'Campaign'	Financing **	n	* \$5.00	May Be
23		28				Trus	st Fund Contribu	ution	U	Added	to Fees
Zip	Country	Zip	Cor	intry		8. This	corporation ow	es the curre	ent year Int		_ 1
24	25	29	30				sonal Property T			Yes	□No
	9. Name and Address of Curren	t Registered Agent		L.,		10. Nar	ne and Address	s of New R	egistered	Agent	
CIED	IT DODEDT C			81	Name						1-
	IT, ROBERT C AARON ST			82	Street Ad	ddress (P.O. E	3ox Number is N	Not Accepta	ble)		
	T CHARLOTTE FL 33949										
PUR	CHARLOTTE FL 33949			83				:	. •		
				84	City					85 Zip	Code
				1 1	•				FL	_	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida State	utes, the a	bove	-named co	orporation sub	omits this statem	nent for the	purpose of	changing it	s registered
11. Pursuant office or r agent, I a	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obligar	2 and 607.1508, Florida State of Florida. Such change was tions of, Section 607.0505, F	utes, the a authorized lorida Stat	bove by t utes	named co	orporation sub ation's board	mits this statem of directors. I he	ent for the ereby accep	purpose of t the appoi	changing it intment as r	s registered egistered
agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligation	2 and 607.1508, Florida State of Florida. Such change was tions of, Section 607.0505, F	utes, the a authorized lorida Stat	bove I by t utes	-named co the corpora	orporation sub ation's board	omits this statem of directors. I he	nent for the ereby accep	purpose of t the appoi	changing it intment as r	s registered egistered
agent, i a	m ramiliar with, and accept the obligation of registered ager	nt and title if applicable. (NO	TE: Registered	ut u s.		ulred when reinstat	ing)		DATE		
agent. I a	or familiar with, and accept the obligation of registered ager of FICERS AN	nt and title if applicable. (NO	TE: Registered	Agent		ulred when reinstat			DATE	ID DIRECT	ORS IN 12
agent, i a	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NO	TE: Registered	Agent		ulred when reinstat	ing)	ES TO OFF	DATE FICERS AN		ORS IN 12
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER