

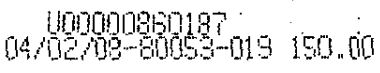



**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M06684</b>		<b>Secretary of S</b>	
1. Entity Name <b>BLOUNT I, INC.</b>			
Principal Place of Business <b>C/O RAATTAMA, HENRY H. JR. ONE SE 3RD AVE 28 FLOOR MIAMI, FL 33131 US</b>		Mailing Address <b>C/O RAATTAMMA, HENRY H. JR. ONE SE 3RD AVE 28 FLOOR MIAMI, FL 33131 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03052008    No Chg-P    CR2E034 (11/05)	
		4. FEI Number <b>59-2467740</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RAATTAMA, HENRY H. JR. ONE SE 3RD AVE, 28TH FLOOR MIAMI, FL 33131</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD BRENT, THOMAS H. 27 KNIGHTSWOOD ROAD TORONTO, ONTARIO, CA M4N 2H2</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VS BRENT, SANDRA E. 27 KNIGHTSWOOD ROAD TORONTO, ONTARIO, CA M4N 2H2</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T CREIGHTON, LISA A. 27 KNIGHTSWOOD ROAD TORONTO, ONTARIO, CA M4N 2H2</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <b>LISA CREIGHTON</b>		<b>MARCH 5 108    416-606-4036</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date    Daytime Phone #	