


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

17 **FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90010 032 \*\*\*158.75

<b>DOCUMENT # M45139</b>		
1. Entity Name MASTERCRAFT FLORIDA I, INC.		
Principal Place of Business 2525 ST. LAURENT BLVD., STE. 204 OTTAWA, ONTARIO K1H 8P5 CANADA, XX	Mailing Address 2525 ST. LAURENT BLVD., STE. 204 OTTAWA, ONTARIO K1H 8P5 CANADA, XX	

66004234



01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 98-0105029	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COB GREENBERG, JOHN 1876 HIGHLAND TERRACE OTTAWA, ONT. CANADA K1H 5A6,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO GREENBERG, BRUCE 25 THE BRIDLE PATH NORTH YORK, ONT. K1H 5A6,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCMAHON, BRUCE 53 PEPPERALL CRESCENT OTTAWA, ONT. K2J 3V9,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Bruce McMahon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 14/08 613 2477616  
Date Daytime Phone #