

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000093507

FILED
May 02, 2007
Secretary of State

Entity Name: HAWKSTONE VENTURES CORPORATION

Current Principal Place of Business:

8065 BENEVA ROAD
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

2275 LAKESHORE BLVD. WEST
#500
TORONTO, ON M8V 3Y3

New Mailing Address:

117 LAKESHORE RD E #314
MISSISSAUGA, ON L5G 4T6

FEI Number: 65-1080193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKINSON, JOANNE J
8065 BENEVA ROAD
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: DICKINSON, JOANNE J
Address: 2275 LAKESHORE BLVD. WEST #500
City-St-Zip: TORONTO, ON M8V 3Y3 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: DICKINSON, JOANNE J
Address: 117 LAKESHORE RD E #314
City-St-Zip: MISSISSAUGA, ON L5G 4T6 CA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE J DICKINSON

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05/02/2007

Electronic Signature of Signing Officer or Director

_____ Date