


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**


07-19-2006 90006 011 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P01000000985</b>                       |  |
| 1. Entity Name<br><b>RS GROUP OF COMPANIES, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>200 YORKLAND BLVD<br/>200<br/>TORONTO, ON M2J5C-1</b> | Mailing Address<br><b>200 YORKLAND BLVD<br/>200<br/>TORONTO, ON M2J5C-1</b> |
|---|---|

|                                |                          |                     |                          |
|--------------------------------|--------------------------|---------------------|--------------------------|
| 2. Principal Place of Business |                          | 3. Mailing Address  |                          |
| Suite, Apt. #, etc.            |                          | Suite, Apt. #, etc. |                          |
| City & State                   |                          | City & State        |                          |
| Zip                            | Country<br><b>CANADA</b> | Zip                 | Country<br><b>CANADA</b> |

40100000



07052006 Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-1082128</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent  |  |
| <b>FOX ROTHSCHILD LLP<br/>250 AUSTRALIAN AVENUE SOUTH<br/>SUITE 1100<br/>WEST PALM BEACH, FL 33401</b> |  |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   | Zip Code |
| <b>FL</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 **LAWRENCE COHEN** DATE **JULY 5/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |  |
|---|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 6, 2006</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CEO<br/>HAMILTON, JOHN<br/>17 CHARNWOOD ROAD<br/>TORONTO, ON M3B 2P7</b> <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRES<br/>MIN, KENNETH<br/>892 CANYON STREET<br/>MISSISSAUGA, ON L5H4L6</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CFO<br/>SANDERSON, DAVID<br/>1360 HAMPTON STREET, #35<br/>OAKVILLE, ON L6H 2S6</b> <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: **DAVID SANDERSON** DATE **JULY 5/06** DAYTIME PHONE # **416-391-4223**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR