2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 02, 2007 8:00 am
Secretary of State

02-12-2007 90075 038 ***150.00

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02092007 Chg-P CR2E034 (12/06)

DOCUMENT # P01000030268

1. Entity Name
MYOP PROPERTIES INC.

Principal Place of Business	Mailing Address
LAYNE DALFEN 2785 HILL PARK CIRCLE MONTREAL, CANADA, PQ H3H 1-S8	2785 HILL PARK CIRCLE MONTREAL, CANADA, PQ H3H 1-S8

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4550 CIRCLE ROAD	4550 CIRCLE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Montreal QUEBEC	City & State: MONTREAL, QUEBEC
Zip: H3W 1Y7 Country: CANADA	Zip: H3W1Y7 Country: CANADA

4. FEI Number: 52-2311310 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LIPPMAN, KAREN 6401 CONGRESS AVE. STE 940 BOCA RATON, FL 33487	Name: LIPPMAN KAREN Street Address (P.O. Box Number is Not Acceptable): 6401 CONGRESS AVE. SUITE 140 City: BOCA RATON FL Zip Code: 33487

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALFEN, LAYNE 2785 HILL PARK CIRCLE MONTREAL, CANADA, PQ H3H 1S8	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALFEN, LAYNE 4550 CIRCLE ROAD MONTREAL, QUEBEC H3W 1Y7	☑ Change ☐ Addition
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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: Layne Dalfen LAYNE DALFEN 3/15/07 (514) 481-8081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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COPY

ATTACHMENT
66007448

[redacted]

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