2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2008 08:00 AM Secretary of State **DOCUMENT # P01000058550** CANADIAN INVESTMENTS, INC. Mailing Address Principal Place of Business P.O. BOX 1749 7620 SOUTH FLAGLER DRIVE W PALM BEACH, FL 33402 WEST PALM BEACH, FL 33405 01082008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1111808 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WATSON, KARL H DO NOT WRITE 7620 SOUTH FLAGLER DRIVE WEST PALM BEACH, FL 33405 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WATSON, KARL NAME 7620 SOUTH FLAGLER DRIVE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33405 U00000800526 01/31/08-80021-001 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. Thereby 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: Le HWALL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1/24/08

561-585-8688