

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000059493

Entity Name: SLATERDOME GAS, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

5100 TOWN CENTER CIRCLE
SUITE 330
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

5100 TOWN CENTER CIRCLE
SUITE 330
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-1127385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

E.H.G. RESIDENT AGENT, INC.
5100 TOWN CENTER CIRCLE, SUITE 430
BOCA RATON, FL 33486 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: SALNA, ROBERT
Address: 10225 YONGE ST.
City-St-Zip: RICHMOND HILL, ON L4C 3B2 CA

Title: D (X) Delete
Name: KILAMBI, RAGHU
Address: 10225 YONGE STREET
City-St-Zip: RICHMOND HILL, ON L4C 3B2 CA

Title: D () Delete
Name: NUTTALL, GREG
Address: 10225 YONGE STREET
City-St-Zip: RICHMOND HILL, ON L4C 3B2 CA

Title: D (X) Delete
Name: YMAR, OURY
Address: 10225 YONGE STREET
City-St-Zip: RICHMOND HILL, ON L4C 3B2 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT SALNA

DPS

04/27/2005

Electronic Signature of Signing Officer or Director

Date