


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 24, 2006 08:00 A
Secretary of State

DOCUMENT# P04000081021 1. Entity Name PARFORE PUB CONCEPTS, INC.	
---	---

Principal Place of Business 5920 BISHOP STREET LASALLE ONTARIO CANADA N9H 2K5,	Mailing Address 5920 BISHOP STREET LASALLE ONTARIO CANADA N9H 2K5,
---	---

DO NOT WRITE IN THIS SPACE



08102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1145166	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RYAN, CHRISTOPHER
143 FARMINGDALE DRIVE
JUPITER, FLORIDA, FL 33458

**DO NOT WRITE
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 _____
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 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000575202 02/24/06-80005-006 150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RYAN, CHRISTOPHER P 5920 BISHOP STREET LASALLE N9H2K5, ONTARIO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RYAN, VANESSA LYDIA 5920 BISHOP STREET LASALLE N9H2K5, ONTARIO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE: Chris Ryan Aug 21/06 519 966 8483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #