


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P01000081021 1. Entity Name PARFORE PUB CONCEPTS, INC.	
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Principal Place of Business 5920 BISHOP STREET LASALLE ONTARIO CANADA N9H 2K5,	Mailing Address 5920 BISHOP STREET LASALLE ONTARIO CANADA N9H 2K5,
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DO NOT WRITE IN THIS SPACE



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1145166	Applied For <input type="checkbox"/> 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) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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,
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04/23/08-80097-021 150.00

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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: Chris Ryan **Chris Ryan** **Apr 8/08** **519 977 5722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #