2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90173 014 ***150.00

DOCUMENT # P01000105824

1. Entity Name
JUPITER 2002, INC.

Principal Place of Business	Mailing Address
120 EGLINGTON AVE EAST, SUITE 500	120 EGLINGTON AVE EAST, SUITE 500
~~TOTONRO,~~ ON M4P1E2,	~~TOTONRO~~, ON M4P1E2,

04222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
120 EGLINTON AVE. EAST		(SAME)	
Suite, Apt. #, etc.: SUITE 500		Suite, Apt. #, etc.	
City & State: TORONTO, ON		City & State	
Zip: M4P 1E2	Country: CANADA	Zip	Country

4. FEI Number: 65-1149109 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KELLY, ANDREAS M
2333 PONCE DE LION BLVD
STE 550
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name: CONTACT CAPITAL GROUP, INC.
Street Address (P.O. Box Number is Not Acceptable): ARCADE AT ROYAL PALM 1
950 SOUTH PINE ISLAND RD., #150A-106
City: PLANTATION FL Zip Code: 33324

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. LUCY HARRIS, DIRECTOR, PROJECT IMPLEMENTATION (PI)

SIGNATURE CONTACT CAPITAL GROUP, INC. [signature] APRIL 22, 2004
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, 2004 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	DP HINES, J. PAUL 120 EGLINGTON AVE EAST, SUITE 500 ~~TOTONRO,~~ ON M4P1E2,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HINES, J. PAUL 120 EGLINTON AVE. EAST, ~~SUITE 500~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TORONTO, ON M4P 1E2	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: J. PAUL HINES, DIRECTOR [signature] Apr 22, 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
416-481-9333