20 UN	003 FOR PROFITION	T CORPOR SS REPOR	ATION T (UBR)	FILED Apr 04, 2003 8:00 an Secretary of State	n
DOCU 1. Entity Nam	MENT # P02000	0005511			Secretary of State 04-04-2003 90126 036 ***150.00	
CENTRE	TOURAINE, INC.	j				
Principal Place of Business ONE N. CLEMATIS ST., STE, 305 WEST PALM BEACH FL 33401		Mailing Address ONE N. CLEMATIS ST., S WEST PALM BEACH FL 3				i i i
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & Stat		City & State	·· ·	4.	. FEI Number Applied Fo	
Zip	Country	Zip	Country	5.	. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent_	Name	7.	Name and Address of New Registered Agent	
ì	DAVID J ESQ			ddress (P.O.	(P.O. Box Number is Not Acceptable)	
	Lematis St., Ste. 305 Im Beach Fl. 33401:		}			
in the			City	City FL Zip Code		
8. The above the obligat		he purpose of changing its	registered office o	r registered a	agent, or both, in the State of Florida. I am familiar with, and according to the state of Florida.	ept
SIGNATURE .	signals on typed or printed name of registered agent and	d title if applicable. (NOTI	E: Registered Agent signa	ure required wher	n reinstating) DATE	_
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of \$	State			9. Election Campaign Financing \$5.00 May E Trust Fund Contribution.	
10.	: OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
STREET ADDRESS	D PRESTON, JOHN W.S. ONE N. CLEMATIS ST., STE. 305 WEST PALM BEACH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	One No	⊠ Change ☐ Add on, John W.S. orth Clematis Street, Suite 305	ition
TITLE NAME STREET ADDRESS	D BERNICK, LARRY ONE N. CLEMATIS ST., STE. 305	Sc Delete ∙	TITLE NAME STREET ADDRESS	DVAS Hamilt	Palm Beach, FL 33401 ☐ Change ☐ Add ton, Tom orth Clematis Street, Suite 305	ition
TITLE NAME	WEST PALM BEACH FL 33401 D GREEN, ROBERT S	☐ Delete	CITY-ST-ZIP TITLE NAME	West F DVS Green,	Palm Beach, FL 33401 ☐ Change ☐ Add Robert S.	ition
STREET ADDRESS CITY-ST-ZIP	2851 JOHN ST., STE. 1 MARKHAM, ONTARIO L3R 5R7 CA		STREET ADDRESS CITY-ST-ZIP		John Street, Suite One am, Ontario L3R5R7 Canada	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delète	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addi	ition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		. Change ☐ Add	ition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add	ition

12. I hereby certify that the information supplied with this filling 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.

Centre Tournane, Inc.

Centre Tournane, Inc.

SIGNATURE:

SIGNATURE AND THE PROPERTY TOURNAME OF SCHING OFFICER OR DIRECTOR.

Date

Da