2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 15, 2004 8:00 am Secretary of State DOCUMENT # P02000127962 04-15-2004 90016 013 ***150.00 MILFORD INVESTMENTS INC. Principal Place of Business Mailing Address 94051888 223 BERKELEY ST 223 BERKELEY ST TORONTO ONTARIO CA M5A 2X3, OC. TORONTO ONTARIO CA M5A 2X3, OC. 2. Principal Place of Business 3. Mailing Address 534 LAWRENCE AVE. W 534 LAWRENCE AVE. W Suite, Apt. #, etc. 2/5 03222004 Chg-P CR2E034 (10/03) 4. FEI Number 98-0399556 City & State Applied For TÖRÖNTO - ONTARIO TORONTO-DISTARID Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired M6A 1A2 CANADA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VARELIS SOTIRIOS CAPITAL CONNECTION, INC. Street Address (P.O. Box Number is Not Acceptable) 417 E. VIRGINIA ST. STE.1 TALLAHASSEE, FL 32301-1283 BRADENTON BEACH Zip Code 3 4 209 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 Ficrida. I am familiar with, and accept the obligations of registered agent. VARELIS SOTIRIOS 5,2004 SIGNATURE 4 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. SD TITLE ☐ Delete TITLE ☐ Change MASTERS, GORDON NAME NAME EVA VARELIS STREET ADDRESS 223 BERKELEY ST STREET ADDRESS 215-534 LAWRENCE AVE. W. TORONTO- UNTO MEA 142, CANADA CITY-ST-ZIP TORONTO ONTARIO CA M5A 2X3, CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ~ □ Change - 🕒 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 early, 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.

FILED

416-7832222