

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000136723</b>	
1. Entity Name <b>BOXER CORPORATION</b>	
Principal Place of Business <b>2033 MAIN STREET SUITE 600 SARASOTA, FL 34237</b>	Mailing Address <b>2033 MAIN STREET SUITE 600 SARASOTA, FL 34237</b>



08302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0469121</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MYERS, TROY H JR.  
2033 MAIN STREET  
SUITE 600  
SARASOTA, FL 34237**

**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 reinstalling)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000773793  
09/11/07-80006-021 550.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HOLLAND, NICOLAAS E 94 GWENDOLEN CRES TORONTO, ONTARIO, CA M2N-L7
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLAND, JAN F 22 WOLFE CRESC. RR # 2 BOLTON, ONTARIO, CA l7e 5r8
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLAND, CHRISTOPHER A 476 RATTRAY PARK DRIVE MISSISSAGA, ONTARIO, CA l5j 2n1
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**E NICOLAAS HOLLAND 2007 08 31 416 440 7995**