2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000023597

Entity Name: PODS CANADA, INC.

City-St-Zip:

CLEARWATER, FL 33760

FILED Apr 12, 2007 Secretary of State

Current P	rincipal Place	of Business:	New Princi	New Principal Place of Business:			
	VISTA DRIVE ATER, FL 3376	60					
Current Mailing Address:			New Mailing Address:				
	VISTA DRIVE ATER, FL 3376	60					
FEI Number:	: 20-2339638	FEI Number Applied For ()	FEI Number Not Applic	able ()	Certificate of Status Desire	d()	
Name and	Address of C	urrent Registered Agent:	Name and A	Address of N	lew Registered Agent:		
5585 RIO \	ST, PETER S VISTA DRIVE ATER, FL 3376	60 US					
	named entity s e of Florida.	submits this statement for the	purpose of changing its	s registered o	office or registered agent,	or both,	
SIGNATU	RE:						
	Electron	ic Signature of Registered Ag	ent		Date		
Election Car	mpaign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PRES () WARHURST, PI 5585 RIO VISTA CLEARWATER	A DRIVE	Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name: Address: City-St-Zip:	SECR () PARKER, AARO 5585 RIO VIST/ CLEARWATER	A DRIVE	Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name: Address: City-St-Zip:	COO () UMBERG, R. P. 5585 RIO VISTA CLEARWATER	A DRIVE	Name: Address:	COO (X CAMPBELL, D 5585 RIO VIST CLEARWATER	A DRIVE		
Title: Name: Address:	CFO () HENSLEY, SAM 5585 RIO VISTA		Title: Name: Address:	()) Change()Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SAMUEL M. HENSLEY CFO 04/12/2007