



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Aug 09, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90026 001 \*\*\*150.00

<b>DOCUMENT # P05000024642</b>					
1. Entity Name <b>ELEMENT SKUL SS, INC.</b>					
Principal Place of Business <b>50 COCCANUT ROW SUITE 212 PALM BEACH, FL 33480</b>			Mailing Address <b>POST OFFICE BOX 11 PALM BEACH, FL 33480</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-2360572</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HAFT, STUART J ESQ. C/O ALLEY, MAASS, ET. AL. 321 ROYAL POINCIANA PLAZA PALM BEACH, FL</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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: _____ DATE: _____					
Signature, typed or printed name of registered agent and one if appropriate. (NOTE: Registered Agent signature required when returning)					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DIRECTOR, PRESIDENT, SECY/TREAS. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIDNEY SPIEGEL		NAME		
STREET ADDRESS	132 SHEPPARD AVE. WEST, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	NORTH YORK, ONTARIO M2N 1M5		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			June 14/06 416222 5355		
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

660228723

#P05000024642

132 Sheppard Avenue West  
Suite 100  
North York, Ontario, M2N 1M5  
Tel: (416) 222-5355  
Fax: (416) 222-1940

***ELEMENT SKUL SS, INC.***

July 31, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

***Attention: Annual Reports Section***

Dear Sir or Madam:

**Re: Element Skul SS, Inc. – Annual Report, Reference Number P05000024642**

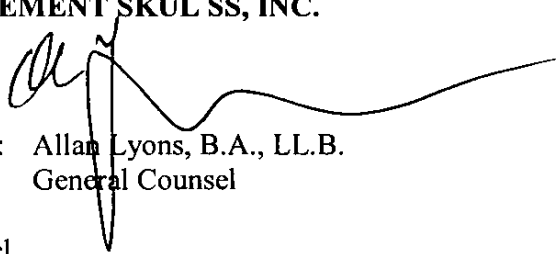
We are in receipt of your letter dated July 11, 2006 (a copy of which is attached) requesting additional information on our Annual Report. Enclosed herein is a copy of our original Report with the additional information added, as requested.

We note that our check in the amount of \$150.00 was received by your offices and has subsequently cleared the bank.

We trust this will complete the necessary information required for the Annual Report. If further information is required, please do not hesitate to contact me.

Thank you for your assistance in this regard.

Yours truly,  
**ELEMENT SKUL SS, INC.**

  
Per: Allan Lyons, B.A., LL.B.  
General Counsel

Encl.

ATTACHMENT

132 Sheppard Avenue West  
Suite 100  
North York, Ontario, M2N 1M5  
Tel (416) 222-5355  
Fax: (416) 222-1940

*66022863*  
*# PD 1000084642*  
**ELEMENT SKUL SS, INC.**

June 14, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32314

COPY

Dear Sir or Madam:

**Re: Element Skul SS, Inc. - Annual Report**

Please find enclosed the 2006 Annual Report together with a check in the amount of \$150.00.

Please be advised that we did not receive the Annual Report Notice until after the May 1, 2006 deadline.

We have returned the Annual Report promptly upon receipt and, therefore, ask that you kindly waive any late penalty fee that may apply.

Thank you for your assistance in this regard.

Yours truly,  
**ELEMENT SKUL SS, INC.**

*ALL*  
Per: Allan Lyons, B.A., LL.B.  
General Counsel

Encls.