



FILED
Aug 09, 2006 8:00 am
Secretary of State

07-10-2006 90027 050 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000024690			
1. Entity Name HIGH SKUL SS, INC.			
Principal Place of Business 50 COCONUT ROW SUITE 212 PALM BEACH, FL 33480		Mailing Address P.O. BOX 11 PALM BEACH, FL 33480	
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 20-2360582		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 HAFT, STUART J ESQ. % ALLEY, MAASS, ROGERS & LINDSAY, P.A. 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480		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: _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agents signature required when submitting)</small> DATE: _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.103(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 NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR, PRESIDENT, SECY/TRGAS. <input type="checkbox"/> Delete SIDNEY SPIEGEL 132 SHEPPARD AVENUE WEST, SUITE 100 NORTH YORK, ONTARIO M2N 1M5	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Allan Lyons		Date: June 14/06 416 222 5355	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66022862



06142006 Chg-P CR2E034 (11/05)

ATTACHMENT

660228762
#P05000024690

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

HIGH 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: High Skul SS, Inc. – Annual Report, Reference Number P05000024690

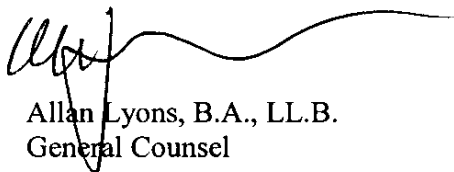
We are in receipt of your letter dated July 11, 2006 (a copy of which is attached) requesting additional information on our Annual Report. Enclosed herein is a copy of our original Report with the additional information added, as requested.

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,
HIGH 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

66032862
#P05005024690
HIGH SKUL SS, INC.

June 14, 2006

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

COPY

Dear Sir or Madam:

Re: High 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,
HIGH SKUL SS, INC.

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

Encls.