## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000044783

City-St-Zip:

BOCA RATON, FL 334861021

Entity Name: GENTOR RESOURCES, INC

FILED Apr 29, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
5100 TOWN CENTER CIRCLE SUITE 430 BOCA RATON, FL 33486				2289 PAHSIMEROI ROAD PATTERSON, ID 83253	
Current M	ailing Addre	ss:	New Mailing Add	New Mailing Address:	
5100 TOWN CENTER CIRCLE SUITE 430 BOCA RATON, FL 33486			100 KING STREET WEST SUITE 7070 TORONTO, ON M5X1E3 CA		
FEI Number:	20-2679777	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
5100 TOW SUITE 430	SIDENT AGEI N CENTER C TON, FL 3348	IRCLE			
The above in the State	named entity of Florida.	submits this statement for the p	ourpose of changing its regist	ered office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHAI	NGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP ( BARDSWICH, 1 ADLER GULO VIRGINIA CITY	CH ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DALE, KITT M 5100 TOWN C	) Delete ENTER CIRCLE, SUITE 430 FL 334861021	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	HENRY, SAMU	) Delete EL L ENTER CIRCLE. SUITE 430	Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: LLOYD P. BARDSWICH P 04/29/2008