

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000139994

FILED
Apr 29, 2009
Secretary of State

Entity Name: AQUALANE MANAGEMENT HOLDINGS, INC.

Current Principal Place of Business:

250 DUNDAS STREET WEST
7TH FLOOR
TORONTO, ONTARIO, CA M5T 2Z5

New Principal Place of Business:

C/O 999 VANDERBILT BEACH RD.
SUITE 606
NAPLES, FL 34108

Current Mailing Address:

480 UNIVERSITY AVENUE
SUITE 1600
TORONTO, ONTARIO, CA M5G 1V6

New Mailing Address:

C/O 999 VANDERBILT BEACH RD.
SUITE 606
NAPLES, FL 34108

FEI Number: 98-0472536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AARON A. FARMER, P.L.
999 VANDERBILT BEACH ROAD
SUITE 606
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

AARON A. FARMER, P.L.
999 VANDERBILT BEACH ROAD
SUITE 606
NAPLES, FL 34108 US

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.

SIGNATURE:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: CRENIAN, SOPHIA K
Address: 250 DUNDAS STREET WEST, 7TH FLOOR
City-St-Zip: TORONTO, ONTARIO CANADA, CA M5T 2Z5 C

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: CONDOS, SOPHIA
Address: C/O 999 VANDERBILT BEACH RD., STE. 606
City-St-Zip: NAPLES, FL 34108

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.

SIGNATURE: SOPHIA KONDOS

DPTS

04/29/2009

Electronic Signature of Signing Officer or Director

Date