


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # P06000062667		
1. Entity Name 1295673 (FLORIDA) LIMITED, INC.		

FILED  
07 APR 30 AM 10:08  
TALLAHASSEE, FLORIDA

Principal Place of Business C/O VECTOR MANAGEMENT LIMITED 25 IMPERIAL ST, STE. 500 TORONTO, ON M5P 1-B9 CA	Mailing Address C/O VECTOR MANAGEMENT LIMITED 25 IMPERIAL ST, STE. 500 TORONTO, ON M5P 1-B9 CA
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04122007 Chg-P CR2E034 (12/06)

4. FEI Number ☐ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROECKER, PAUL  
1275 LAKE HEATHROW LANE  
HEATHROW, FL 32746

7. Name and Address of New Registered Agent

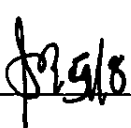
Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

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.

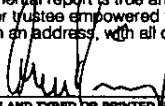
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RINGEL, IAN 25 IMPERIAL ST, STE. 500 TORONTO, ON M5P 1B9 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800103010108 05/22/07--01021--004 **1650.00
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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:  Ian Ringel April 13/07 Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_