

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000023510

Entity Name: SANIGLAZE OF CANADA, INC.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

4526 LENOX AVE
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 37209
JACKSONVILLE, FL 32236 US

New Mailing Address:

FEI Number: 20-8494191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENBLOOM, PERCY III
1847 WOODMERE DRIVE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROSENBLOOM, PERCY III
Address: 4526 LENOX AVE
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: CFO () Delete
Name: BARNES, JOSIAH
Address: 4526 LENOX AVE
City-St-Zip: JACKSONVILLE, FL 32205 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: PROCTOR, WILLIAM S
Address: 4526 LENOX AVE
City-St-Zip: JACKSONVILLE, FL 32205 US

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: WILLIAM S. PROCTOR

CFO

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date