

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000041930

Entity Name: XILYNKS CORP.

FILED  
Feb 17, 2009  
Secretary of State

## Current Principal Place of Business:

406 SHERIDAN ST.  
PETERBOROUGH ONTARIO, K9H3J9

## New Principal Place of Business:

406 SHERIDAN ST.  
PETERBOROUGH, ON K9H 3J9

## Current Mailing Address:

PO BOX 86222  
MADEIRA BEACH, FL 33738

## New Mailing Address:

PO BOX 3250 MIP  
MARKHAM, ON L3R 6G6 CA

FEI Number: 26-4146290

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: D ( ) Delete  
Name: KIANI, FARSAD  
Address: 406 SHERIDAN ST.  
City-St-Zip: PETERBOROUGH ONTARIO, K9H3J9

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change ( ) Addition  
Name: KIANI, FARSAD  
Address: 406 SHERIDAN ST.  
City-St-Zip: PETERBOROUGH, ON K9H 3J9 CA

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: FARSAD KIANI

DIR

02/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date