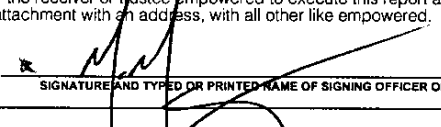


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 20 PM 2:36

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                    |                                                                                                                           |                                                                                                                                                                             |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P12589</b><br>1. Entity Name<br><b>MUZZO BROTHERS GROUP INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                    |                                                                                                                           |                                                                                                                                                                             |                |  |
| Principal Place of Business<br><b>50 CONFEDERATION PKWY.<br/>CONCORD, ONTARIO, I4k-4t8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                    |                                                                                                                           | Mailing Address<br><b>50 CONFEDERATION PKWY.<br/>CONCORD, ONTARIO, I4k-4t8</b>                                                                                              |                                                                                                 |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                    | 3. Mailing Address                                                                                                        |                                                                                                                                                                             |                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                    | Suite, Apt. #, etc.                                                                                                       |                                                                                                                                                                             |                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                    | City & State                                                                                                              |                                                                                                                                                                             |                                                                                                 |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                            | Zip                                                                                                                       | Country                                                                                                                                                                     |                                                                                                 |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                    |                                                                                                                           |                                                                                                                                                                             | 7. Name and Address of New Registered Agent                                                     |  |
| BRIDGES, R A<br>334 MINORCA AVE<br>STE 200<br>CORAL GABLES, FL 33134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                                                                                                                           |                                                                                                                                                                             | 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)<br><small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                    |                                                                                                                           |                                                                                                                                                                             |                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 6, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |                                                                                                                                                                             | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                    |                                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                       |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PDS<br>MUZZO, MARCO<br>200 SYLVADENE PARKWAY<br>WOODBRIIDGE ONTARIO,<br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>200090269632</b><br><b>09/28/06--01053--005 **150.00</b>                                            |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>MUZZO, ALEX<br>50 CONFEDERATION PKWY<br>CONCORD, ONTARIO,<br><input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>DST</b><br><b>MUZZO, ALEX</b><br><b>50 Confederation PKWY</b><br><b>Concord, Ontario</b> |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>DIP</b><br><b>MUZZO, MARC</b><br><b>50 Confederation PKWY</b><br><b>Concord, Ontario</b> |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                                                    |                                                                                                                           |                                                                                                                                                                             |                                                                                                 |  |
| <b>SIGNATURE:</b>  <b>Marc Muzzo</b> <b>Sep 5/06</b> <b>P05 326-4000</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                                                                                                                           |                                                                                                                                                                             |                                                                                                 |  |