## FILED Mar 14, 2005 8:00 am Secretary of State 03-14-2005 90114 023 \*\*\*150.00

2005 FOR PROFIT CORPORATION 03-14-2005 90114 02:

|   | MITTUAL  | KEFOKI   |   |   |  |  |   |                          |                           |            |
|---|--|--|---|---|--|--|---|--------------------------|---------------------------|------------|
| 1. Entity Nam   | MENT # P22353<br>s. burnside (canada) l  |  |   |   |  |  |   |                          |                           |            |
| Principal Plac  | e of Business  | Mailing Address  |   |   |  |  |   | 51                       | 00262                     | 200        |
| SAM D. NORT   | ron  | SAM D. NORTON  |   |   |  |  |   | Jŧ                       | 1000                      | 750        |
|   |  |  | IIT 610   |   |  |  |   |                          |                           |            |
| 1819 MAIN STREET, SUIT 610<br>Sarasota, Fl. 34236 US  |  | 1819 MAIN STREET, SUIT 610<br>Sarasota, Fl. 34236 US             |   |   |  |  |   |                          |                           |            |
| SHIGHSUIN, F  | r 24520 n2   | 344430(H, FC 34230   | U3  | '   | I DESCRIPTION OF A                     | AREA MANA INSTALLATION !               | ILE ELIKA OKUR UMER GIZA                        | Tiph Mar                 | TTI N ITTI                |            |
|   |  | 1 - 11 - 1   |   |   |  | JEM HERE HAR ENER I                    |   |                          |                           |            |
| 2. Principal P  | lace of Business   | 3. Mailing Address   |   |   |  | 400 UBBB   UB 0400                     | <u> </u>  |                          | III    III                |            |
|   |  | <u> </u>   |   | ·   |  |  |   |                          |                           |            |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |   | 01242005                               | Chg-P                                  | CR2E034 (1                                      | 0/03)                    |                           |            |
|   |  |  |   |   | 012122                                 |  |   | ,                        |                           | _          |
| City & State  |  | City & State   |   |   | 4. FEI Number                          |  |   | App                      | olled For                 | 1          |
| -   |  | 1  |   |   | 98-0099794                             |  | Not   | Applicable               | 1                         |            |
| Zlp   | - Country  | Zip  | Cour  | ltry  |  |  | _ \$8   | 75 Addi                  | Honei                     | 1          |
|   | - · · · · · · · · · · · · · · · · · · ·  | :  |   | end with the second of the second           | -5. Certificate of                     | of Status Desired                      |   | Required                 |                           | , <b>.</b> |
| <del></del>   | 6. Name and Address of Current   | Designation of Accept  | <u> </u>  | T   | 7 Name and                             | Addrona of Natu                        |   |                          |                           | 1          |
|   | o. Name and Address of Cultain   |  | 7. Name and Address of New Registered Agent Name      |   |  |  |   |                          |                           |            |
| NORTON  | CAM D. EDO   |  |   | 145116                                      |  |  |   |                          |                           |            |
|   | SAM D. ESQ.  | Street Address (P.O. Box Number Is Not Acceptable)               |   |   |  |  |   |                          |                           |            |
|   | N STREET, SUITE 610  |  | Street Aduliess (F.O. Box (volume) is not Acceptable) |   |  |  |   |                          |                           |            |
|   | GULEY, HAMMERSLEY & LO   |  |   |   |  |  |   | 1                        |                           |            |
| SARASOI   | 'A, FL 34236   |  |   |   |  |  |   |                          |                           | j          |
|   |  |  |   | City  |  |  | FL 2  | Zip Code                 | )                         | }          |
|   |  | <del></del>  |   | <u> </u>                                    |  | <del></del>                            |   |                          |                           | 1          |
| 8. The above  | named entity submits this statement fo   | r the purpose of changing its                                    | register  | ed office or register                       | red agent, or both                     | i, in the State of F                   | Rorida. I am famili                             | ar with, a               | and accept                | 1          |
| ine obliga  | tions of registered agent.   |  |   |   |  |  |   |                          |                           | į .        |
|   |  |  |   |   |  |  |   |                          |                           |            |
| SIGNATURE.  | Signature, typed or printed name of registered agent 4                                   | and little if explicable. (NOT                                   | E: Registers  | id Agent signature required                 | when reinstelling)                     |  | DATE  | -                        |                           |            |
| ļ   |  |  |   |   |  |  |   |                          |                           | 4          |
| 1   |  | 9. Election Campa  | daa Gaa   | nelen ĈE                                    | 00                                     |  |   |                          |                           | -          |
| FIL   | E NOW!!! FEE IS \$150.00   |  |   |   | .00 May Be                             |  |   |                          |                           |            |
| ARerM   | ay 1, 2005 Fee will be \$550.0   | )()  | u IQUUGI I  |   | ibu w rees                             |  |   |                          |                           | i          |
| 10.   | OFFICERS AND   | DIRECTORS  | 11.   |   | ADDITIONS/                             | CHANGES TO OF                          | FICERS AND DIR                                  | ECTORS                   | SIN 11                    | 1          |
| TITLE   | PD   | ☐ Delete   | m   |   |  |  |   | Change                   | ☐ Addition                | 1          |
| NAME  |  |  | NA.   | -   |  |  |   | CHALLE                   |                           | i          |
|   | · · · - · · · · · · · · · · ·  |  |   | - 1   |  |  |   |                          |                           | i          |
| STREET ADDRESS  |  |  |   | EET ADDRESS                                 |  |  |   |                          |                           | 1          |
| CATY-ST-ZEP   | OTTAWA K2C OP9, ON   |  | un  | r-st-zip                                    |  |  | <del></del>                                     |                          |                           | ╛          |
| TITLE   | s  | ☐ Delete   | mı  | E   |  |  |   | Change                   | Addition                  | 1          |
| HAME  | BURNSIDE, ALICE JOAN   |  | NAL   | AE [  |  |  |   |                          |                           | [          |
| STREET ADDRESS  | 1827 WOODWARD DRIVE  |  | STR   | EET ADDRESS                                 |  |  |   |                          |                           | 1          |
| CITY-ST-ZIP   | OTTAWA K2C OP9, ON   |  | an  | r-ST-ZIP                                    |  | •                                      |   |                          |                           | 1          |
| PD 5  | s  | □ B.144  | TIM.  |   |  |  |   | Change                   | ☐ Addilion                | 1          |
| IIILE   | 1 -  | ☐ Delete   |   | - I   |  |  |   | CHARLING.                |                           |            |
| NAME  | BURNSIDE, JANET ANNE.  |  | - NAA   | - 4   |  |  |   |                          |                           | -          |
| STREET ADDRESS  | 1827 WOODWARD DR.  |  | 1   | EET ADORESS                                 |  |  |   |                          |                           | 1          |
| CITY-ST-ZIP   | OTTAWA, ONTARIO, kscopq  |  | City  | Y-ST-ZIP                                    |  |  |   |                          |                           |            |
| TITLE   | <u> </u>   | ☐ Detete   | TITL  | £   |  |  |   | Change                   | Addition                  | ì          |
| NAME  | f  |  | NAA   | AE  |  |  |   |                          |                           | 1          |
| STREET ADDRESS  |  |  | STR   | EET ADDRESS                                 |  |  |   |                          |                           | 1          |
| CITY-ST-ZIP   | 1  |  | ผก  | r-ST-21P                                    |  |  | •   |                          |                           | 1          |
|   | <del>                                     </del>   | ☐ Delete   |   |   | <del> </del>                           |  |   | Change                   | Addition                  | 1          |
| IIILE   | 1  |  | TITE<br>NAM   | · I   |  |  | ㅂ   | CHENIST                  | [] AUGUSON                | 1          |
| HAME  |  |  |   |   |  |  |   |                          |                           | 1          |
| STREET ADDRESS  |  |  |   | EET ADDRESS                                 |  |  |   |                          |                           |            |
| CITY-ST-ZIP   | L  |  | cm  | Y-ST-ZIP                                    |  |  |   |                          |                           | _          |
| TITLE   |  | Octobe   | m   | le  |  |  |   | Change                   | Addition                  | 1          |
| NAME  | 1  |  | MAS   | ATE   |  |  |   |                          |                           | 1          |
| STREET ADDRESS  | 1  |  | STR   | EET ADDRESS                                 |  |  |   |                          |                           | 1          |
| CITY-ST-ZIP   | 1  |  |   | Y-ST-ZIP                                    |  |  |   |                          |                           | 1          |
|   | - audit a think the first - marks :  | Maria (11)   |   |   |  | N 17-23 C                              | - 14 m² · · · · ·                               |                          | -447                      | 4          |
| 12. I hereby  | cartily that the information supplied with<br>I on this report or supplemental report is | i this illing does not qualify it<br>thus and accurate and their | av slova  | emption stated in S<br>sture shall have the | ecoon 119.07(3)(<br>  seme lensi effen | i), Honda Statute<br>it es if made und | s. I further certify to<br>ar cath: that I am = | nat the ir<br>In officer | niormation<br>or director |            |
| 12. I hereby cartify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutas, 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 inustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block to or Block 11 if |  |  |   |   |  |  |   |                          |                           |            |
| changed, or on an attachment with an address, with all other like empowered.  |  |  |   |   |  |  |   |                          |                           |            |
| SIGNATURE: Burndal Janet Burnside March 4,2005 (613) 225-56   |  |  |   |   |  |  |   |                          |                           |            |
| SIGNAT  | TURE: LUNGINE  | Janei Ou   | ( NS /  | <u>ae /</u>                                 | nuren                                  | 7,200                                  | 10/3/2  | <u> 25-</u>              | <u>-76</u>                |            |
| 1   | SUDNATURE AND TYPED OR S   | PRINTED NAME OF SIGNING OFFICE                                   | R OSI DUREC   | TUR   |  | Date                                   | Devim   | a Phone #                |                           | 1          |