

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90030 022 ***150.00

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DOCUMENT # P22353 1. Entity Name WILLIAM S. BURNSIDE (CANADA) LIMITED, INC.					
Principal Place of Business SAM D. NORTON 1819 MAIN STREET, SUIT 610 SARASOTA, FL 34236 US			Mailing Address SAM D. NORTON 1819 MAIN STREET, SUIT 610 SARASOTA, FL 34236 US		
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		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NORTON, SAM D. ESQ. 1819 MAIN STREET, SUITE 610 NORTON, GULEY, HAMMERSLEY & LOPEZ SARASOTA, FL 34236			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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete			
NAME	BURNSIDE, WILLIAM S.				
STREET ADDRESS	1827 WOODWARD DRIVE				
CITY - ST - ZIP	OTTAWA K2C 0P9, ON				
TITLE	S	<input type="checkbox"/> Delete			
NAME	BURNSIDE, ALICE JOAN				
STREET ADDRESS	1827 WOODWARD DRIVE				
CITY - ST - ZIP	OTTAWA K2C 0P9, ON				
TITLE	S	<input type="checkbox"/> Delete			
NAME	BURNSIDE, JANET ANNE				
STREET ADDRESS	1827 WOODWARD DR.				
CITY - ST - ZIP	OTTAWA, ONTARIO, kscopq				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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: <u>W. Burnside</u> March 6/07 613225-5640					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					