


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90020 044 \*\*\*150.00


|                                       |   |
|---------------------------------------|---|
| <b>DOCUMENT # P23715</b>              |  |
| 1. Entity Name<br>787718 ONTARIO INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>16630 DUFFERIN STREET<br>KING CITY, ONTARIO, CA L7B- K5 | Mailing Address<br>16630 DUFFERIN STREET<br>KING CITY, ONTARIO, CA L7B- K5 |
|--|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br>16630 DUFFERIN STREET<br>Suite, Apt. #, etc. | 3. Mailing Address<br>c/o M. ISBISTER<br>16630 DUFFERIN STREET<br>Suite, Apt. #, etc. |
|--|---|

|                                    |                                    |
|------------------------------------|------------------------------------|
| City & State<br>KING CITY, ONTARIO | City & State<br>KING CITY, ONTARIO |
| Zip<br>L7B 1K5                     | Country<br>CANADA                  |
| Zip<br>L7B 1K5                     | Country<br>CANADA                  |

44018107



02272004 Chg-P CR2E034 (10/03)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>NOT APPLICABLE  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br>WHITE, JOHN III<br>1645 PALM BEACH LAKES BLVD<br>SUITE 1200<br>WEST PALM BEACH, FL 33401 |  |
|---|--|

|   |   |
|---|---|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   | DATE _____<br><small>(NOTE: Registered Agent signature required when reinstating)</small> |

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BAINBRIDGE, DONALD C.<br>RR 2 COMP 300<br>SHANTY BAY, ON. L0L 2L0. <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 | SD<br>BAINBRIDGE, SHIRLEY A.<br>RR2 COMP 300<br>SHANTY BAY, ON. L0L 2L0. <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 |
| 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 exemption stated in Section 119.07(3)(i), 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>Donald C. Bainbridge</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   | Date: <u>3/12/04</u> Daytime Phone #: <u>(905) 726-9000</u> |