


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P26667 1. Entity Name BUCKLAND DESOL INCORPORATED	
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Principal Place of Business 7 PARKVIEW DR. ST THOMAS, ONTARIO, CANADA n5r- 4b4	Mailing Address 7 PARKVIEW DR. ST THOMAS, ONTARIO, CANADA N5R- -B4
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 98-0109480
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied <input type="checkbox"/> Not App.
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**BOUTZOUKAS, MICHAEL E
GOLD & REMMICK PA
704 W BAY STREET
TAMPA FL 33606**

7. Name and Address of New Registered Agent

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 reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Added to Fee**

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete PD BUCKLAND, FRANK MCTEAR 7 PARKVIEW DR. ST. THOMAS, ONTARIO
TITLE	<input type="checkbox"/> Delete S BUCKLAND, MARGUERITE 7 PARKVIEW DR. ST. THOMAS, ONTARIO
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add 00000468422 03/24/06-80029-024 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *F.M. Buckland* **F.M. BUCKLAND** *Mar 11/06* **727-866-2619**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #