## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P27116

Address:

City-St-Zip:

256 RUMSEY ROAD

TORONTO, ON M4G 1P9 CN

Entity Name: OLD PORT COVE EQUITIES INC.

FILED Feb 19, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
SUITE 530	CE COURT W 0 0, ON M5L1B9			
Current Mailing Address:			New Mailing Address:	
SUITE 530	CE COURT WE 0 0, ON M5L1B9	ST		
FEI Number:	65-0160791	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
112 LAKES NORTH PA			rpose of changing its registere	d office or registered agent, or both,
SIGNATUR	₹.			
3.3.4.1.3.		Signature of Registered Agen	t	 Date
Election Can		Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	ROSE, BRIAN W 5300 COMMERC		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	V () E MORGAN, RICHA 112 LAKESHORE N. PALM BEACH,	E DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	GRANT, JAMES A 5300 COMMERC		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ()E TORY, JOHN 41 GLENALLAN F TORONTO, ON M		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	D ()E	Delete NN	Title: Name:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: KATHY M. LILLARD T 02/19/2008