


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90006 011 \*\*\*158.75

<b>DOCUMENT # P30093</b> 1. Entity Name <b>MILCOMBE HOUSE INVESTMENTS LIMITED COMPANY</b>	
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Principal Place of Business <b>1 MAPLEGROVE DRIVE OAKVILLE ONTARIO CANADA, L6V4T US</b>	Mailing Address <b>1 MAPLEGROVE DRIVE OAKVILLE, ONTARIO L6J 4T8 OAKVILLE ONTARIO CANADA, L6V4T US</b>
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2. Principal Place of Business <b>1 MAPLEGROVE DRIVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>1 MAPLEGROVE DRIVE</b> Suite, Apt. #, etc.
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City & State <b>OAKVILLE, ONTARIO</b>	City & State <b>OAKVILLE, ONTARIO</b>
Zip <b>L6J 4T8</b>	Zip <b>L6J 4T8</b>
Country <b>CANADA</b>	Country <b>CANADA</b>



03142006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0210151</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>WILSON, GARY K. 5801 PELICAN BAY BLVD., SUITE 300 NAPLES, FL 34108-2709</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HARRIGAN, KENNETH W. 1 MAPLEGROVE DRIVE OAKVILLE, ONTARIO L6J-4T8,</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HARRIGAN, MARGARET JEAN 1 MAPLEGROVE DRIVE OAKVILLE, ONTARIO L6J-4T8,</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TOMLINSON, TARA L. 7 HARPERS CROFT UNIONVILLE, ONTARIO L3R-6L1,</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARRIGAN, STEPHEN C. 6826 SUMMER HEIGHTS MISSISSAUGA ONTARIO, L5N 7e7</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HARRIGAN, STEPHEN C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 341 RANDALL STREET OAKVILLE, ONTARIO, L6J 1R3</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: Kenneth W. Harrigan **KENNETH W. HARRIGAN** **MAR 21/06** **905-842-8506**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #