


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90055 008 \*\*\*150.00

<b>DOCUMENT # P34057</b>	
1. Entity Name <b>GREC-CONDO HOLDINGS LIMITED, COMPANY</b>	

Principal Place of Business <b>25 COLVILLE RD. TORONTO, ONTARIO M6M 2Y2 CANADA,</b>	Mailing Address <b>25 COLVILLE RD. TORONTO, ONTARIO M6M 2Y2 CANADA,</b>
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2. Principal Place of Business <b>5 WOODMERE COURT</b>	3. Mailing Address <b>5 WOODMERE COURT</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ETOBICOKE, ONTARIO</b>	City & State <b>ETOBICOKE, ONTARIO</b>
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Zip <b>M9A 3J1</b>	Country <b>CANADA</b>	Zip <b>M9A 3J1</b>	Country <b>CANADA</b>
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01062005 Chg-P CR2E034 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	
<b>GEORGE, ANTHONY D. 759 SOUTH FEDERAL HWY SUITE 219 STUART, FL 34994</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>759 SO. FEDERAL HWY. SUITE 206</b>	
City	Zip Code
<b>FL</b>	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRECO, ANTHONY 5 WOODMERE COURT ETOBICOKE, ONTARIO, m9a 3ji <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRECO, MARIANNA 5 WOODMERE COURT ETOBICOKE, ONTARIO, m9a 3ji <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>ETOBICOKE, ONTARIO M9A 3J1</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>ETOBICOKE, ONTARIO M9A 3J1</b>
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"/> Change <input type="checkbox"/> Addition
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"/> 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:** Anthony Greco **Anthony Greco** **Jan. 10, 2005** **416-241-9151**  
\_\_\_\_\_  
Signature and typed or printed name of signing officer or director Date Daytime Phone #