


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90008 013 ***150.00

DOCUMENT # P34057	
1. Entity Name GREC-CONDO HOLDINGS LIMITED, COMPANY	

Principal Place of Business 5 WOODMERE COURT ETOBIOOKE ONTARIO, CANADA, CA m9a-3j1	Mailing Address 5 WOODMERE COURT TORONTO, ONTARIO M6M 2Y2 ETOBIOOKE ONTARIO, CANADA, CA m9a-3j1
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 5 WOODMERE COURT Suite, Apt. #, etc.	
City & State		City & State ETOBICOKE, ONTARIO	
Zip	Country	Zip M9A 3J1	Country CANADA

01092007 Chg-P CR2E034 (12/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GEORGE, ANTHONY D. 759 SOUTH FEDERAL HWY SUITE 206 STUART, FL 34994		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GRECO, ANTHONY		NAME				
STREET ADDRESS	5 WOODMERE COURT		STREET ADDRESS				
CITY-ST-ZIP	ETOBICOKE, ON 9A3J1		CITY-ST-ZIP	ZIP IS NOT 9A3J1 - IT IS: M9A 3J1			
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GRECO, MARIANNA		NAME				
STREET ADDRESS	5 WOODMERE COURT		STREET ADDRESS	ZIP IS: M9A 3J1 (AS ABOVE)			
CITY-ST-ZIP	ETPBICOKE, ON 9A3J1		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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:

Anthony Greco

ANTHONY GRECO

JAN. 31, 2007

416-239-7688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #