## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P34057

1. Entity Name

GREC-CONDO HOLDINGS LIMITED, COMPANY



**FILED** Feb 18, 2008 08:00 AN Secretary of State

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

No Chg-P

CR2E034 (11/05)

01022008 FEI Number **NOT APPLICABLE** 

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GEORGE, ANTHONY D. 759 SOUTH FEDERAL HWY **SUITE 206** 

DO NOT WRITE IN THIS SPACE

310AN1, FL 34354			No. 10 No		
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	d applicable. (NOTE: Registered	d Agent eignature	required when reinstating)	OATE
	E NOWIII FEE IS \$150.00 ny 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRECO, ANTHONY 5 WOODMERE COURT ETOBICHOKE, ONTARIO, m9a 3j1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRECO, MARIANNA 5 WOODMERE COURT ETOBICHOKE, ONTARIO, m9a 3j1				U00000830333 02/26/08-80077-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN *	THIS SPACE
TITLE NAME STREET ADDRESS					

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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PHOHTMA

FEB. 1, 2008