

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34492

Entity Name: TIMANDRIS INC.

FILED
Apr 05, 2007
Secretary of State

Current Principal Place of Business:

17 DEERING CR
WILLOWDALE, ONTARIO, ON M2M CA

New Principal Place of Business:

Current Mailing Address:

17 DEERING CR
WILLOWDALE, ONTARIO, ON M2M 2A2 CA

New Mailing Address:

FEI Number: 98-0133882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKE, RICHARD
218 SWEETWATER CREEK DR E.
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VTSD () Delete
Name: BROOKE, MAUD,
Address: 53 OWEN BLVD.
City-St-Zip: WILLOWDALE, ONTARIO CANADA, ON M2M 1G2 CA

Title: PD () Delete
Name: BROOKE, ANNE,
Address: 17 DEERING CRESCENT
City-St-Zip: WILLOWDALE, ONTARIO CANADA, ON M2M 2A2 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VTSD (X) Change () Addition
Name: BROOKE, MAUD,
Address: 53 OWEN BLVD.
City-St-Zip: WILLOWDALE, ONTARIO CANADA, ON M2P 1G2 CA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: ANNE BROOKE

PD

04/05/2007

Electronic Signature of Signing Officer or Director

Date