

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90406 020 ***150.00

DOCUMENT # P35253

1. Entity Name
AIPEG PROPERTY CORPORATION



Principal Place of Business
**C/O C T CORPORATION SYSTEM
P.O. BOX 631
WILMINGTON, DE 19899**

Mailing Address
**50 BARTOR ROAD
TORONTO ONTARIO CANADA
M9M 295, XX**

50008357



2. Principal Place of Business

3. Mailing Address

50 BARTOR ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232006

Chg-P

CR2E034 (11/05)

City & State

City & State

TORONTO ONTARIO

4. FEI Number
51-0034548

Applied For
Not Applicable

Zip

Country

Zip

Country

M9M2G5 CANADA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 PD ☐ Delete
NAME ROSE, BARRIE D.
STREET ADDRESS 110 BLOOR STREET WEST, # 905
CITY-ST-ZIP TORONTO, ONT., CANADA,

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME ROSE, JOHN A.
STREET ADDRESS 165 OLD FOREST HILL ROAD
CITY-ST-ZIP TORONTO, ONT., CANADA,

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME ROSE, PAUL A.
STREET ADDRESS 110 BLOOR STREET WEST, # 905
CITY-ST-ZIP TORONTO, ONT., CANADA,

TITLE ☒ Change ☐ Addition
NAME ROSE, PAUL A.
STREET ADDRESS 94 PLEASANT BLVD.
CITY-ST-ZIP TORONTO, ONTARIO, CANADA

TITLE AS ☐ Delete
NAME ROSE, ROBERT A.
STREET ADDRESS 44 ST JOSEPH ST. APT 2614
CITY-ST-ZIP TORONTO, ONT., CANADA,

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **BARRIE D. ROSE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 23/06 4167453333