## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38037

Entity Name: CERTA PROPAINTERS LTD. INC.

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
150 GREEI SUITE 100 OAKS, PA							
Current Mailing Address:				New Mailing Address:			
1201 HAYS		RIVICE COMPANY 1 US					
FEI Number:	04-3140719	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired	( )
Name and	Address of Co	ırrent Registered Agent:		Name and	Address of	New Registered Agent:	
1201 HAYS TALLAHAS	SSEE, FL 3230 named entity s		ourpose o	f changing it	ts registered	l office or registered agent, c	or both,
SIGNATUF							
Election Can		c Signature of Registered Age  Trust Fund Contribution ( ).	ent			Date	
OFFICERS	AND DIRECT	ORS:		ADDITION	S/CHANGE	S TO OFFICERS AND DIR	ECTORS:
Title: Name: Address: City-St-Zip:	ASCF () I	Delete : EE ROAD, SUITE 1003		Title: Name: Address: City-St-Zip:	CFO (	(X) Change()Addition ES S TREE ROAD, SUITE 1003	
Title: Name: Address: City-St-Zip:	CHASE, CHARLE	E ROAD, SUITE 1003		Title: Name: Address: City-St-Zip:	,	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CLEMENTS, PAL	AVE. WEST , SUITE 108		Title: Name: Address: City-St-Zip:	CLEMENTS, 5397 EGLINT	(X) Change ()Addition PAUL W FON AVE. WEST,SUITE 108 CANADA, ON M9C 5K6	
Title: Name: Address: City-St-Zip:	D () I ROGERS, STEV 5397 EGLINTON ETOBICOKE, ON	EN AVE. WEST, SUITE 108		Title: Name: Address: City-St-Zip:	ROGERS, ST 5397 EGLINT	(X) Change ()Addition TEVEN S FON AVE. WEST, SUITE 108 , ON M9C 5K6	
Title: Name: Address: City-St-Zip:	AS ()  FRIEDRICKSEN 1140 BAY STRE TORONTO, ON	ET STE 4000		Title: Name: Address: City-St-Zip:	ROY, KEVIN 5397 EGLINT	(X) Change()Addition FON AVE. WEST,SUITE 108 , ON M9C 5K6 CA	
Title: Name: Address: City-St-Zip:	AT ()  COOKE, DOUGL 1140 BAY STRE TORONTO, ON	ET STE 4000		Title: Name: Address: City-St-Zip:	MCMONAGLI	TREE RD., SUITE 1003	

I hereby certify that the information supplied with this filing does not qualify 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: PAUL W CLEMENTS SEC 04/24/2009