## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND EXPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # P38731

1. Entity Name

Principal Place of Business

SIGNATURE:

72091 MANITOBA LTD., INC.



Mailing Address

C/O MARTIE MARTIN 2600 SEVEN EVERGREEN PLACE WINNIPEG, MANITOBA, CANADA, R3L-2-3 C/O MARTIE MARTIN 2600 SEVEN EVERGREEN PLACE WINNIPEG, MANITOBA, CANADA, R3L-2-3

## FILED Feb 09, 2004 08:00 AM Secretary of State



01262004

No Cha-P

CR2E034 (10/03)

Feb. 5/04 (204) 475-9090

Daytime Phone #

4. FEI Number 98-0107502

Applied For Not Applicable

5. Certificate of Status Desired \_

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIRES, ANTHONY P., JR. WOODWARD PIRES & ANDERSON, P.A. 801 LAUREL OAK DRIVE, SUITE 710 NAPLES, FL 33963

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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	required when reinstaling)	DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			oing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		<del></del>	UUUUUU41928
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP THORSTEINSON, ARNI 2600 - 7 EVERGREEN PLACE WINNIPEG MANITOBA CANADA, R:	31.273			02/10/04-80002-012 150.00
TITLE NAME STREET ADDRESS CITY-5T-ZIP	S BLAIR, RICHARD N 2600 - 7 EVERGREEN PLACE WINNIPEG MANITOBA CANADA, R	31.273		<del>.</del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SPACE
NTLE NAME STREET ADDRESS CITY-ST-ZIP	√ epci			-	<del>-</del>
TITLE NAME STREET ADDRESS CRY-ST-ZIP				1	
12. I hereby certify that the information supplied with this filling does per qualify for the exemption stated in Section 119.07(3)(1). 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 tike empowered.					