

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90083 017 ***150.00

DOCUMENT # P38731
 1. Entity Name
 72091 MANITOBA LTD., INC.



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

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

50010785

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country



01262005 Chg-P CR2E034 (10/03)

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

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	DP THORSTEINSON, ARNI 2600 - 7 EVERGREEN PLACE WINNIPEG MANITOBA CANADA, R3L2T3 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Arni C. Thorsteinson *Arni C. Thorsteinson* Jan. 26, 2004 (204) 475-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #