


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90055 029 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P38731</b><br>1. Entity Name<br>72091 MANITOBA LTD., INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>C/O MARTIE MARTIN<br>2600 SEVEN EVERGREEN PLACE<br>WINNIPEG, MANITOBA, CANADA, R3L-2-3 | Mailing Address<br>C/O MARTIE MARTIN<br>2600 SEVEN EVERGREEN PLACE<br>WINNIPEG, MANITOBA, CANADA, R3L-2-3 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01202006 No Chg-P CR2E034 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>98-0107502                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> 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

3200 Tamiami Trail N  
Suite 200  
Naples Florida  
34103

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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 \_\_\_\_\_ 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>THORSTEINSON, ARNI<br>2600 - 7 EVERGREEN PLACE<br>WINNIPEG MANITOBA CANADA, R3L2T3 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>BLAIR, RICHARD N<br>2600 - 7 EVERGREEN PLACE<br>WINNIPEG MANITOBA CANADA, R3L2T3    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

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:**  **Arni C. Thorsteinson, Feb. 1, 2006 (204) 475-9090**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #