
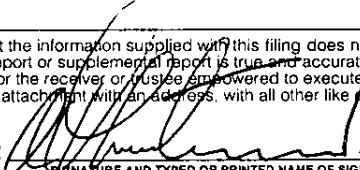


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90066 031 ***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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 98-0107502	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PIRES, ANTHONY P., JR. 3200 TAMiami TRAIL NORTH SUITE 200 NAPLES, FL 34103				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	S BLAIR, RICHARD N 2600 - 7 EVERGREEN PLACE WINNIPEG MANITOBA CANADA, R3L2T3	<input type="checkbox"/> Delete			
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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, 01/10/07, (204) 475-9090					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					