


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # P38731 1. Entity Name 72091 MANITOBA LTD., INC.	
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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
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04092008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

PIRES, ANTHONY P., JR.
3200 TAMiami TRAIL NORTH
SUITE 200
NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00**

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

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04/29/08-80005-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP THORSTEINSON, ARNI 2600 - 7 EVERGREEN PLACE WINNIPEG MANITOBA CANADA, R3L2T3
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BLAIR, RICHARD N 2600 - 7 EVERGREEN PLACE WINNIPEG MANITOBA CANADA, R3L2T3
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TITLE NAME STREET ADDRESS 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 another like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #