

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 01, 2007 08:00 AM
Secretary of State**

DOCUMENT # P92000009499 1. Entity Name S.D.A. HOLDINGS INC.	
--	---

Principal Place of Business THE PRESIDENTIAL #617 401 OCEAN DR. MIAMI, FL 33139	Mailing Address 54 RUSSELL HILL RD TORONTO ONTARIO CANADA M4V 2T2, XX
--	--



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0394640	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILLILAND, CHRISTINA
401 OCEAN DRIVE
#617
MIAMI BEACH, FL 33139

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(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. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEAUER, SIGRID 54 RUSSELL HILL RD TORONTO, ON M4V 2T2 CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEAUER, STEPHEN 54 RUSSELL HILL RD TORONTO, ON M4V 2T2 CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEAUER, TANIA 54 RUSSELL HILL RD. TORONTO, ON M4V 2T2 CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DEAUER, ALEX 35 HIGHVIEW CRESCENT TORONTO, ON M6H 2Y3 CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FA GILLILAND, CHRISTINA #617 401 OCEAN DRIVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000615985
02/07/07-80010-003 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-01-07

Date

305-321-3858

Daytime Phone #