

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000059321

FILED  
Oct 27, 2004  
Secretary of State

Entity Name: SKY SERVICE LIFEGUARD, INC.

## Current Principal Place of Business:

1521 ALTON RD  
SUITE 400  
MIAMI BEACH, FL 33139 US

## Current Mailing Address:

9785 RYAN AVE  
DORVAL, QC H9P1A2 CA

## New Principal Place of Business:

BANK OF AMERICA CITY CENTRE  
401 EAST LAS OLAS BLVD. # 130-140  
FORT LAUDERDALE, FL 33301 US

## New Mailing Address:

9785 RYAN AVENUE  
LEGAL DEPARTMENT  
DORVAL, QC H9P1A2 CA

FEI Number: 65-0443658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

EWING, DAVID  
1521 ALTON ROAD  
SUITE 400  
MIAMI BEACH, FL 33139 US

## Name and Address of New Registered Agent:

EWING, DAVID  
BANK OF AMERICA CITY CENTRE  
401 EAST LAS OLAS BLVD. # 130-140  
FORT LAUDERDALE, FL 33301 US

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.

SIGNATURE: DAVID EWING

10/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DS ( ) Delete  
Name: MC MURRAY, SID  
Address: 6120 MIDFIELD ROAD  
City-St-Zip: MISSISSAUGA, ON L4W 2P7 CA

Title: DP ( ) Delete  
Name: RUSSELL, PAYSON  
Address: 6120 MIDFIELD ROAD  
City-St-Zip: MISSISSAUGA, ON L4W 2P7 CA

Title: CD ( ) Delete  
Name: CASGRAIN, TIM  
Address: 6120 MIDFIELD ROAD  
City-St-Zip: MISSISSAUGA, ON L4W 2P7 CA

Title: AS ( ) Delete  
Name: DUFF-CARON, CATHERINE  
Address: 6120 MIDFIELD ROAD  
City-St-Zip: MISSISSAUGA, ON L4W 2P7 CA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE DUFF-CARON

AS

10/27/2004

Electronic Signature of Signing Officer or Director

Date