

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000059321

FILED
Jan 28, 2005
Secretary of State

Entity Name: SKY SERVICE LIFEGUARD, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

9785 RYAN AVENUE
LEGAL DEPARTMENT
DORVAL, QC H9P1A2 CA

New Mailing Address:

FEI Number: 65-0443658 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: V () Change (X) Addition
Name: WATSON, BILL
Address: 6120 MIDFIELD ROAD
City-St-Zip: MISSISSAUGA, ON L4W2P7

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

01/28/2005

Electronic Signature of Signing Officer or Director

_____ Date