


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000009928**  
1. Entity Name  
**THE 27TH PARALLEL CORP.**



Principal Place of Business      Mailing Address  
**150 HEATH STREET WEST**      **150 HEATH STREET WEST**  
**TORONTO, ONTARIO, CANADA, m4v-2y4**      **TORONTO, ONTARIO, CANADA, m4v-2y4**

**DO NOT WRITE IN THIS SPACE**



04302004      No Chg-P      CR2E034 (10/03)

4. FEI Number  
**65-0611714**      Applied For  
Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GILDAN, LAURIE L**  
**777 S. FLAGLER DR.**  
**SUITE 300 EAST**  
**WEST PALM BEACH, FL 33401**

**DO NOT WRITE IN THIS SPACE**

6. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

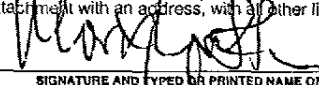
9. Election Campaign Financing  
Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**000000158079**  
**05/07/04-80007-006 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GUTTMAN, MORRY 150 HEATH STREET WEST TORONTO, ONTARIO, CANADA, M4V 2Y4
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SLATER, JAMES H 150 HEATH STREET WEST TORONTO, ONTARIO, CANADA, M4V 2V4
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:       Date: **April 29/04**      Daytime Phone #: **(416) 972 6883**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR