## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000033107

Entity Name: COLD SPRINGS FINANCIAL CORPORATION

FILED Feb 06, 2007 Secretary of State

149 BROCK ST 149 BROCK ST

THAMESFORD ONTARIO CANADA BOX 100

N0M 2MO, XX THAMESFORD, ON N0M 2M0 CA

Current Mailing Address: New Mailing Address:

149 BROCK ST 149 BROCK ST

THAMESFORD ONTARIO, NOM 2MO BOX 100

THAMESFORD, ON NOM 2MO CA

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIVINE, RUSSELL W 24 SOUTH ORANGE AVE ORLANDO, FL 32801 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 YOUNG, RICHARD
 Name:
 YOUNG, RICHARD

 Address:
 149 BROCK ST
 Address:
 149 BROCK ST

City-St-Zip: THAMESFORD ONTARIO, NOM 2MO, XX City-St-Zip: THAMESFORD, ON NOM 2MO CA

Title: ED () Delete Title: ED (X) Change () Addition

 Name:
 FORTNEY, TERESA
 Name:
 FORTNEY, TERESA

 Address:
 149 BROCK ST
 Address:
 149 BROCK ST

City-St-Zip: THAMESFORD ONTARIO, NOM 2MO, XX City-St-Zip: THAMESFORD, ON NOM 2MO CA

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: CRAM, BRIAN Name: CRAM, BRIAN

Address: 149 BROCK ST Address: 149 BROCK ST

City-St-Zip: THAMESFORD ONTARIO, NOM 2M0 City-St-Zip: THAMESFORD, ON NOM 2M0 CA

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 WAGTER, MICHELLE
 Name:
 WAGTER, MICHELLE

 Address:
 149 BROCK ST
 Address:
 149 BROCK ST

City-St-Zip: THAMESFORD ONTARIO, NOM 2MO, XX City-St-Zip: THAMESFORD, ON NOM 2M0 CA

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MICHELLE WAGTER ST 02/06/2007