

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000046370

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** GREAT ROCK DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

500 GRAN STREET  
SAULT STE MARIE, ONTARIO, ON P6A 5K9 CA

**New Principal Place of Business:**

**Current Mailing Address:**

500 GRAN STREET  
SAULT STE MARIE, ONTARIO, ON P6A 5K9 CA

**New Mailing Address:**

**FEI Number:** 59-3321364

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE ACCESS INC.  
236 E 6TH AVENUE  
TALLAHASSEE, FL 32303 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

**OFFICERS AND DIRECTORS:**

**Title:** DIR  
**Name:** BROUGH, DANIEL L  
**Address:** 33-300 RAVINEVIEW WAY  
**City-St-Zip:** OAKVILLE, ON CANADA, ON CA

**Title:** CEO  
**Name:** DUCHESNE, LUC DR.  
**Address:** 132 LEO  
**City-St-Zip:** SAULT STE MARIE, ONTARIO, ON P6A 3V7 CA

**Title:** DIR  
**Name:** DUCHESNE, LUC DR  
**Address:** 132 LEO AVENUE  
**City-St-Zip:** SAULT STE MARIE ON CANADA, ON P6A 3V7 CA

**Title:** DIR  
**Name:** WONG, DANNY  
**Address:** 397 FREEMAN CR  
**City-St-Zip:** OAKVILLE ON CANADA, ON L6H 4R4 CA

I hereby 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 all other like empowered.

**SIGNATURE:** LUC DUCHESNE

CEO

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date