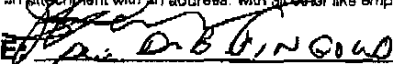


FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90046 040 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

54019961

DOCUMENT # P95000050991					
1. Entity Name CHEDINGTON FLORIDA, INC.					
Principal Place of Business 2295 BAYVIEW AVENUE TORNATO, ONT., CANADA M4N3K8, OC			Mailing Address 2295 BAYVIEW AVENUE TORNATO, ONT., CANADA M4N3K8, OC		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 98-0155484			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
B. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, FOSTER, JOHNSTON & STUBBS FLAGLER CENTER, 505 SOUTH FLAGLER DRIVE 11TH FLOOR WEST PALM BEACH, FL 33401			Name		
			Street Address (P.O. Box Number Is Not Acceptable)		
			City		
			FL Zip Code		
8. 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 _____ Signatures, typed or printed name of registered agents and state if applicable. (NOTE: Registered Agent signature required when renewing)					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FINGOLD, DAVID		NAME		
STREET ADDRESS	2295 BAYVIEW AVENUE		STREET ADDRESS		
CITY- ST- ZIP	TORNATO, ONT., CANADA M4N3K8,		CITY- ST- ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FINGOLD, ROSLYN		NAME		
STREET ADDRESS	2295 BAYVIEW AVENUE		STREET ADDRESS		
CITY- ST- ZIP	TORNATO, ONT., CANADA M4N3K8,		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 			MARCH 15/04 416 482 1235		
SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		