MAR 15 2004 13:40 FR CHEDINGTON HILL INC416 482 524

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Mar 19, 2004 8:00 am
Secretary of State
03-19-2004 90046 040 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000050991

1. Entity Name
CHEDINGTON FLORIDA, INC.

54019961

Principal Place of Business	Mailing Address
2295 BAYVIEW AVENUE TORNATO, ONT., CANADA M4N3K8, OC	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

03152004 Chg-P CR2E034 (10/03)

4. FEI Number: 98-0155484 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONES, FOSTER, JOHNSTON & STUBBS FLAGER 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD FINGOLD, DAVID 2295 BAYVIEW AVENUE TORNATO, ONT., CANADA M4N3K8,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FINGOLD, ROSLYN 2295 BAYVIEW AVENUE TORNATO, ONT., CANADA M4N3K8,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(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: D. B. FINGOLD MARCH 15/04 416 482-1535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #