


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000050991 1. Entity Name CHEDINGTON FLORIDA, INC.	
--	---

Principal Place of Business 2295 BAYVIEW AVENUE TORONTO, ONTARIO M4N 3K8 CANADA, XX	Mailing Address 2295 BAYVIEW AVENUE TORONTO, ONTARIO M4N 3K8 CANADA, XX
--	--



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0155484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JONES, FOSTER, JOHNSTON & STUBBS FLAGLER CENTER, 505 SOUTH FLAGLER DRIVE 11TH FLOOR WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD FINGOLD, DAVID 2295 BAYVIEW AVENUE TORONTO, ONT., CANADA M4N3K8,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FINGOLD, ROSLYN 2295 BAYVIEW AVENUE TORONTO, ONT., CANADA M4N3K8,
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	

<p>000000359870 05/05/05-80010-011 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
--

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:  APP. 28/05 416-482-1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #