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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000044682 1. Entity Name DORAM INVESTMENTS (FLORIDA), INC.	
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Principal Place of Business 25 IMPERIAL STREET #500 TORONTO ONTARIO CANADA M5P1B9, XX	Mailing Address 25 IMPERIAL STREET #500 TORONTO ONTARIO CANADA M5P1B9, XX
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DO NOT WRITE IN THIS SPACE

FILED
07 APR 30 AM 10: 06
CLERK OF STATE
TALLAHASSEE, FLORIDA



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0171772	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THE MARSTEL CORPORATION
2615 S UNIVERSITY DR
DAVIE, FL 33328**

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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KOVEN, JACK 25 IMPERIAL STREET #500 TORONTO, ONATRIO, m5p 1b9
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KOVEN, PHILIP 25 IMPERIAL STREET #500 TORONTO, ONTARIO, m5p 1b9
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05/22/07--01021--004 **1650.00**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Philip Koven* **PHILIP KOVEN** *April 12, 2007* **(416) 579-6255**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #