

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000044693

1. Entity Name
KMAN INVESTMENTS (FLORIDA), INC.



Principal Place of Business
54 HILL STREET
KINGSTON, ON K7 XX

Mailing Address
C/O 25 IMPERIAL ST, SUITE 500
TORONTO ONTARIO
CANADA M5P 1B9, XX

DO NOT WRITE IN THIS SPACE



05022006 No Chg-P CR2E034 (11/05)

4. FEI Number
98-0162886

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THE MARSTEL CORPORATION
2615 S UNIVERSITY DR
DAVIE, FL 33328

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000561599
05/19/06-80021-002 1350.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MANLEY, KATHERINE
STREET ADDRESS '54 HILL STREET
CITY-ST-ZIP KINGSTON, ONTARIO K7L 2M5,

TITLE SD
NAME MANLEY, PAUL
STREET ADDRESS '54 HILL STREET
CITY-ST-ZIP KINGSTON, ONTARIO K7L 2M5,

TITLE V
NAME LAURIE, FRANK
STREET ADDRESS 25 IMPERIAL ST, STE 500
CITY-ST-ZIP TORONTO, ONTARIO, CANADA, CA m5p 189

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK LAURIE

May 2/06

416 483-8018 #25

Date

Daytime Phone #