


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90125 045 \*\*\*150.00

<b>DOCUMENT # P96000045492</b> 1. Entity Name <b>COMREV INVESTMENTS (FLORIDA), INC.</b>					
Principal Place of Business <b>130 KING STREET WEST, #700</b> <b>TORONTO ONTARIO MSX12</b> <b>CANADA, XX</b>			Mailing Address <b>130 KING STREET WEST, #700</b> <b>TORONTO ONTARIO MSX12</b> <b>CANADA, XX</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>98-0163487</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SONSHINE, ED 130 KING STREET WEST, SUITE 700 TORONTO, ONTARIO, M5X-12	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SONSHINE, ED 130 KING STREET WEST, SUITE 700 TORONTO, ONTARIO M5X-1E2
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SONSHINE, FRAN 130 KING STREET WEST, SUITE 700 TORONTO, ONTARIO, M5X-12	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SONSHINE, FRAN 130 KING STREET WEST, SUITE 700 TORONTO, ONTARIO M5X-1E2
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			JULY 6 / 05 416-866-3018 Date Daytime Phone #		

# ATTACHMENT

EDWARD SONSHINE, Q.C.

14018606  
# P96 000045492

THE EXCHANGE TOWER  
SUITE 700, P.O. BOX 378  
130 KING STREET WEST  
TORONTO, ONTARIO M5X 1E2

## VIA COURIER

Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL  
32301  
U.S.A.

Dear Sir/Madam:

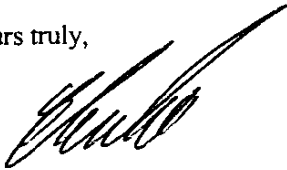
### Re: 2005 For Profit Corporation Annual Report – FEI #98-0163487

Enclosed is Comrev cheque #239 in the amount of \$150.00 (U.S.) in payment of the above.

Please note that we are late in making this payment as we never received your first notice which was sent to Comrev address with incorrect postal code. As corrected on your Annual Report Form, please note that for future mailings, our address is:

**COMREV INVESTMENTS (FLORIDA), INC.  
130 KING STREET WEST  
SUITE 700  
TORONTO, ONTARIO  
M5X 1E2**

Yours truly,



Edward Sonshine, Q.C.

ES:dc

Enclosures

floridadeptofstate.001