

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2006 08:00 AM  
Secretary of State

DOCUMENT # P96000068825

1. Entity Name  
4244, INC.



Principal Place of Business  
4159 REIF COURT  
PORT CHARLOTTE, FL 33948 US

Mailing Address  
27 KIRKDALE CRESCENT  
DON MILLS ONTARIO  
CANADA M3B 2J7, XX



03252006 No Chg-P CR2E034 (11/05)

4. FEI Number  
52-2009376

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAYMANS, MICHAEL P  
2315 AARON STREET  
PORT CHARLOTTE, FL 33952

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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	SAWH, RUTH
STREET ADDRESS	27 KIRK DALE CRESCENT
CITY - ST - ZIP	DON MILLS ONT M3B 2J7 CANADA,
TITLE	PSD
NAME	SAWH, RAMASAR
STREET ADDRESS	27 KIRK DALE CRESCENT
CITY - ST - ZIP	DON MILLS ONT M3B 2J7 CANADA,
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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05/08/06-80053-009 150.00

DO NOT WRITE  
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

Date

Daytime Phone #

*Ruth Sawh* *Ramasar Sawh* 7 APRIL 2006 416-532-5330