2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 07, 2005 8:00 am Secretary of State **DOCUMENT # P96000073140** 1. Entity Name 04-07-2005 90031 041 ***158.75 PENTARES, INC Principal Place of Business Mailing Address 400 ROCK CHAPEL ROAD RR #2 DUNDAS ONTARIO CANADA L9H 5E3 400 ROCK CHAPEL ROAD RR #2 DUNDAS ONTARIO CANADA L9H 5E3 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3411188 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City* 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change Addition ☐ Delete BUIE, EDITH NAME NAME 1575 MILITARY RD #342 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NIAGARA FALLS NY 14304-1745 CITY-ST-ZIP ☐ Delete ☐ Change Addition BUE, MICHAEL BUIE, MICHAEL NAME 1575 MILITARY RD. # 342 STREET ADDRESS 1575 MILITARY RD STREET ADDRESS NIAGARA FAUS, NY CITY-ST-7IP NIAGARA FALLS NY 14304-1745 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME BUIE, LYSIANNE NAME STREET ADDRESS STREET ADDRESS 1575 MILITARY RD. #342 CITY-ST-ZIP NIAGARA FALLS NY 14304-1745 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

EDITH BUIE 29/MAR/05 (905) 689-7384 SIGNATURE: