## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000096017

Entity Name: ONTARIO WAREHOUSE I, INC.

FILED Jan 30, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:			
1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE, FL 32308							
Current Mailing Address:			New Maili	New Mailing Address:			
1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE, FL 32308							
FEI Number:	59-3413039	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired (	)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:		
TODD, DAVID E 1801 HERMITAGE BOULEVARD SUITE 100 TALLAHASSEE, FL 32308 US				CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US			
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.							
SIGNATURE: CARRIE D COOPER					01/30/2006		
Electronic Signature of Registered Agent					Date		
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BENNETT, DOU	GE BOULEVARD, SUITE 600	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	FARALDO, MAR	ENTRAL EXPRESSWAY #800	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	GRAY, LYNNE	GE BLVD., SUITE 600	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	DVAS () SMITH, JEFFER 1801 HERMITAG TALLAHASSEE,	YY GE BLVD #600	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	WEAVER, REG	AL EX PKWY #800	Title: Name: Address: City-St-Zip:	HANSON, JEÌ	RAL EX PWY #800		
Title: Name: Address: City-St-Zip:	CURTIS, MERR	AL EXPRESSWAY, SUITE 800	Title: Name: Address: City-St-Zip:	SMITH, GANE	RAL EXPWY, SUITE 800		
I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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							

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G ANDREWS SMITH

P 01/30/2006