## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2006 08:00 AM Secretary of State

MINIONE ILLI VIII				- Saguetawy of State			
DOCUMENT # P96000100046  1. Entity Name LOCKWOOD HOLDINGS, INC.				Secretary of State			
703 NORTH	ce of Business I SHORE DRIVE A, FL 34216	Mailing Address 9 ELIZABETH ST S. BRAMPTON ONTARIO CANADA LGY ZRZ, XX					
DO NOT WRITE IN THIS SPA			CE	04082006 No Chg-P CR2ED34 (11/05)  4. FEI Number			
3119 MAN	6. Name and Address of Current Rep GARRETT NATEE AVE WEST TON, FL 34205	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 trie if applicable. (NOTE Registered Agent signature required when rehasiating)  DATE							
FILE NOWIN FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign F Trust Fund Contribut			icing \$5.00 May Be Added to Fees		000000 -64/27/06	507185 80054-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP THRE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	OFFICERS AND DIE  DPTS LOCKWOOD, HARRY 9 ELIZABETH ST. S. BRAMPTON, ON L6Y1P  VP LOCKWOOD, HARRY 9 ELIZABETH ST. S. BRAMPTON, ON L6Y1P	ECTORS	·		NOT W		
TITLE NAME STREET ADDRESS GITY-ST-ZIP DILE NAME STREET ADDRESS				IN T	THIS SP	ACE	

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 shell have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frustee 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:

CHY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CHY-ST-ZIP

SILLIOCALUPORE H.R. LOCKEN
GRATURE AND TYPED ON PRINTED NAME OF SIGNING DEFICER ON DIRECTOR

April 11/06 7785199