APR-27-2006 13:00 From:

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May 09, 2006 8:00 am
Secretary of State
05-09-2006 90073 038 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000021782

1. Entity Name
CA-PLUS, INC. OF FLORIDA

Principal Place of Business	Mailing Address
197 CHURCH ST., MAIN FLOOR TORONTO, ON M5B 1-Y7	6860 GULFPORT BLVD S SUITE 356 ST PETERSBURG, FL 33707 US

40089363

DO NOT WRITE IN THIS SPACE

04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3472857
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARTER, ROBERT T
6860 GULFPORT BLVD S
SUITE 356
ST PETERSBURG, FL 33707

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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: ROBERT CARTER 27 APRIL 2006
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	OP
NAME	CARTER, ROBERT
STREET ADDRESS	122 GRANBY ST
CITY-ST-ZIP	TORONTO, ON M5B 1
TITLE	DV
NAME	MASON, DANIEL
STREET ADDRESS	341 BROOKDALE AVE
CITY-ST-ZIP	TORONTO, ON m3m 1p9
TITLE	VICE PRESIDENT
NAME	JOHN ALLEN
STREET ADDRESS	122 GRANBY ST
CITY-ST-ZIP	TORONTO, ON M5B 1S1
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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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: ROBERT CARTER 27 APRIL 2006 416-364-6017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #