

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90256 040 \*\*\*150.00

**DOCUMENT # P97000040596**

1. Entity Name  
**GLOBAL CANADA FLORIDA PROPERTIES, INC.**



Principal Place of Business  
**17 W. STOW ROAD**  
**MARLTON, NJ 08053 US**

Mailing Address  
**PO BOX 562**  
**MARLTON, NJ 08053 US**

**J0010961**



04202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>22-3516846</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MUNROE, W. BRADLEY ESQ.**  
**239 EAST VIRGINIA STREET**  
**TALLAHASSEE, FL 32301**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P, S</b> <b>FELDBERG, SAUL</b> <b>580 SUPERTEST ROAD</b> <b>DOWNSVIEW, ONTARIO, CA m3j2m7</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, AS</b> <b>DAVID FELDBERG</b> <b>580 SUPERTEST ROAD</b> <b>DOWNSVIEW, ONTARIO, CA m3j2m7</b>
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: **4/24/06** **556-966-140 x 115**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**DAVID FELDBERG AUTHORIZED REPRESENTATIVE**