


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000074203 1. Entity Name MPI CAPITAL (FLORIDA), INC.	
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Principal Place of Business 11 CHURCH STREET, SUITE 200 TORONTO ONTARIO M5E 1W1 TORONTO, ON M5E1W-1 CA	Mailing Address 11 CHURCH STREET, SUITE 200 TORONTO ONTARIO M5E 1W1 TORONTO, ON M5E1W-1 CA
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0192262	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, RALPH 6019 153 ROAD LIVE OAK, FL 32060
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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.

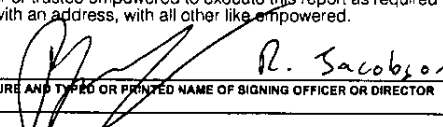
SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000939291 05/28/08-80021-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS POWERS, THOMAS E 11 CHURCH STREET - SUITE 200 TORONTO ONTARIO CANADA, M5E 1W1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEIN, MICHAEL 11 CHURCH STREET - SUITE 200 TORONTO ONTARIO CANADA, M5E 1W1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JACOBSON, RUSSELL 11 CHURCH STREET - SUITE 200 TORONTO ONTARIO CANADA, M5E 1W1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BHARUCHA, YAZDI 11 CHURCH STREET - SUITE 200 TORONTO ONTARIO CANADA, M5E 1W1
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:  **R. Jacobson** **4/30/08** **(416) 861-5753**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #