

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000078577

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** CANADIAN EXPOSURES CORPORATION

**Current Principal Place of Business:**

2062 IMPERIAL CIRCLE  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

2062 IMPERIAL CIRCLE  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 59-3531646

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCVICKER, KEVIN  
5790 SHADY OAKS LANE  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCVICKER, CARL GRANT JR  
Address: 2062 IMPERIAL CIRCLE  
City-St-Zip: NAPLES, FL 34110

Title: VD  
Name: MCVICKER, CARL GRANT III  
Address: 2062 IMPERIAL CIRCLE  
City-St-Zip: NAPLES, FL 34110

Title: STD  
Name: MCVICKER, KEVIN HOWARD  
Address: 2062 IMPERIAL CIRCLE  
City-St-Zip: NAPLES, FL 34110

I hereby 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 all other like empowered.

SIGNATURE: CARL GRANT MCVICKER, JR.

PD

04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date