


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000004806</b> 1. Entity Name 6320 TRAIL INC.	
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Principal Place of Business 2 N. TAMiami TRAIL SUITE 210 SARASOTA, FL 34236 US	Mailing Address 2 N. TAMiami TRAIL SUITE 210 SARASOTA, FL 34236 US
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**DO NOT WRITE IN THIS SPACE**



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0822192	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WOLF, RON H C/O ICORR 2 N. TAMiami TRAIL, SUITE 210 SARASOTA, FL 34236	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

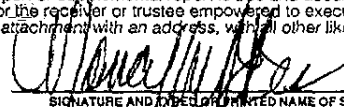
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP WOLF, RON 2 N TAMiami TR STE 210 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP HALL, JOAN 700 RICHOMOND ST., STE 410 LONDON, ONTARIO, n6a5c7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOLF, NORTON P 700 RICHOMOND ST., STE 410 LONDON, ONTARIO, n6a5c7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP YATES, NANCY 2 N. TAMiami TRAIL, STE 210 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000315285  
04/19/05-80029-014 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4-15-05 954-2300

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_