


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90119 015 ***150.00

DOCUMENT # P99000024270 1. Entity Name ENNIS BRADLEY ASSOCIATES U.S. INC.																																																																																																																																																	
Principal Place of Business M.P.O. BOX 2223 NIAGARA FALLS, NY 14302			Mailing Address M.P.O. BOX 2223 NIAGARA FALLS, NY 14302																																																																																																																																														
2. Principal Place of Business - No P.O. Box # 724 NE 20th LANE		3. Mailing Address 2469 LAKESHORE RD WEST																																																																																																																																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																															
City & State BOYNTON BEACH FL		City & State OAKVILLE, ONTARIO		4. FEI Number 52-2170167																																																																																																																																													
Zip 33435		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																													
Zip 33435		Country USA		6. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES INC. 4521 PGA BLVD., #211 PALM BEACH GARDENS, FL 33418																																																																																																																																													
Zip 33435		Country USA		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																													
Zip 33435		Country USA		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																														
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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: <u>JAN GILMORE</u> JAN GILMORE <u>26/07</u> 905 465-3770 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																	