2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000103618

1. Entity Name

ALL CANADIAN EXPORT, INC.



FILED Jan 28, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

19291 CARRIBBEAN COURT TEQUESTA, FL 33469 19291 CARRIBBEAN COURT TEQUESTA, FL 33469



 \Box

01102008

No Chg-P

CR2E034 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREEDMAN, RICHARD L 2101 W. COMMERCIAL BLVD., SUITE 5400 FT. LAUDERDALE, FL 33469

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| | | | 1 | | | |
|---|--|--|----------------------|-------------------------------|---|--|
| | named entity submits this statement for the pions of registered agent. | urpose of changing its registe | ered office or r | egistered agent, or bo | th, in the State of Florida. I am familiar with, and accept | |
| SIGNATURE_ | | | | | | |
| | Signature, typed or printed name of registered agent and title i | applicable (NOTE: Registe | ered Agent signature | required when reinstating) | OATE | |
| FiLE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution Added to Fees | | | | |
| 10. | OFFICERS AND DIREC | TORS | | | 000000802254 02/01/08-80051-025 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEROLA, MARY F 19291 CARRIBBEAN COURT TEQUESTA, FL 33469 | | | | 02/01/08-80051-025 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEROLA, FRANK 19291 CARRIBBEAN COURT TEQUESTA, FL 33469 | | | | , | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO NOT WRITE IN THIS SPACE | | |
| NAME STREET ADDRESS CITY ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS | | | | | | |

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Yary MeroL

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