

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S46116

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: D.K.W. INVESTMENTS, INC.

## Current Principal Place of Business:

974 GRAND AVENUE WEST  
CHATHAM ONTARIO CANADA  
N7L 5H6,

## New Principal Place of Business:

974 GRAND AVENUE WEST  
CHATHAM, ON N7L 5H6

## Current Mailing Address:

974 GRAND AVENUE WEST  
CHATHAM ONTARIO CANADA  
N7L 5H6,

## New Mailing Address:

974 GRAND AVENUE WEST  
CHATHAM, ON N7L 5H6

FEI Number: 65-0290031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JUDAH, VIRGIL A  
12811 KENWOOD LANE  
# 209  
FORT MYERS, FL 33907 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ST ( ) Delete  
Name: DEMORE, DON,  
Address: 974 GRAND AVENUE WEST  
City-St-Zip: CHATHAM ONTARIO CANADA, N7L 5H6 CA

Title: P ( ) Delete  
Name: DEMORE, ALICE,  
Address: 974 GRAND AVENUE WEST  
City-St-Zip: CHATHAM ONTARIO CANADA, N7L 5H6 CA

Title: D ( ) Delete  
Name: DEMORE, MARK J.,  
Address: 974 GRAND AVENUE WEST  
City-St-Zip: CHATHAM ONTARIO CANADA, N7L 5H6 CA

Title: D ( ) Delete  
Name: DEMORE, MICHAEL R.,  
Address: 974 GRAND AVENUE WEST  
City-St-Zip: CHATHAM ONTARIO CANADA, N7L 5H6 CA

Title: D ( ) Delete  
Name: LUSSIER, MICHELLE  
Address: 48 CARNEY PLACE  
City-St-Zip: CHATHAM ONTARIO CANADA, N7L 5J2

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DON DEMORE

PRES

01/07/2009

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

\_\_\_\_\_  
Date