2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S55988

Entity Name: FIRST FLORIDA ECHO INC.

FILED Apr 30, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
SUITE 201	STREET WES	T, PO BOX 276 X9 CA				
Current Mailing Address:			New Mail	New Mailing Address:		
279 KING STREET WEEST, PO BOX 276 SUITE 201 KITCHENER, ON N2G 3X9 CA						
			FEI Number Not App	olicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
		urrent Registered Agent.	Name and	u Address of Ne	w Registered Agent.	
100 SECOI SUITE 701	SAULS, P.A. ND AVENUE (RSBURG, FL					
The above in the State		submits this statement for the pu	ırpose of changing	its registered off	ice or registered agent, or both,	
SIGNATURE:						
Electronic Signature of Registered Agent			nt	Date		
Election Can	npaign Financing	g Trust Fund Contribution ().				
	AND DIREC	•	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CD () MOTZ, PAUL J 57 HEINS AVEN KITCHENER, O		Title: Name: Address: City-St-Zip:	()(Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () AYERS, CAROI 564 WILLOW V WATERLOO, O	VOOD DR	Title: Name: Address: City-St-Zip:	S (X)	OOD DR	
Title: Name: Address: City-St-Zip:	PD () FLEMING, TIMO 139 DUNBAR R WATERLOO, O	OAD SOUTH	Title: Name: Address: City-St-Zip:	P (X) (FLEMING, TIMOT 139 DUNBAR RO WATERLOO, ON	AD SOUTH	
Title: Name: Address: City-St-Zip:	VD () JAMES, SHERI 57 GARDENVA TORONTO, ON	LE ROAD	Title: Name: Address: City-St-Zip:	V (X) (JAMES, SHERI A 57 GARDENVALE TORONTO, ON M	E ROAD	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D ()C BRADLEY, ANN RR # 3 BRESLAU, ON N	Change (X) Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	MOTZ, MARĜÁR	GL+HLAND CRESCENT	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAROL AYERS S 04/30/2003