2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005
Secretary of State

DOCUMENT# S65171

Entity Name: MASONITE HOLDINGS, INC.

Current Principal Place of Business:

ONE NORTH DALE MABRY HWY., #950
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

C/O HOLLAND & KNIGHT - ATTN: K. WHEELER
POST OFFICE BOX 1288
TAMPA, FL 336011288

New Mailing Address:

FEI Number: 59-3084553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: V ( ) Delete
Name: REPAR, LAWRENCE V
Address: 1600 BRITANNIA RD. E.
City-St-Zip: MISSISSAUGA ONTARIO, ON L421J2 CA

Title: DVT ( ) Delete
Name: TUBBESING, ROBERT V DVT
Address: 1600 BRITANNIA RD. E.
City-St-Zip: MISSISSAUGA ONTARIO, ON L4W1J2 CA

Title: V ( ) Delete
Name: MORRISON, JAMES U D
Address: 1 N. DALE MABRY HWY,#950
City-St-Zip: TAMPA, FL 33609

Title: DV ( ) Delete
Name: MACISAAC, STEVE DV
Address: ONE N DALE MABRY SUITE 950
City-St-Zip: TAMPA, FL 33609

Title: P ( ) Delete
Name: ORSINGO, PHILIP
Address: 1600 BRITANNIA ROAD E.
City-St-Zip: MISSISSAUGA ONTARIO, ON L4W1J2 CA

Title: AS ( ) Delete
Name: MURPHY, ROSE AS
Address: ONE N DALE MABRY SUITE 950
City-St-Zip: TAMPA, FL 33609

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:

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

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: STEVE MACISAAC V 03/22/2005

Electronic Signature of Signing Officer or Director Date