

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S80660

FILED
May 04, 2007
Secretary of State

Entity Name: POTASH CORPORATION OF SASKATCHEWAN (FLORIDA) INC.

Current Principal Place of Business:

1101 SKOKIE BOULEVARD
SUITE 400
NORTHBROOK, FL 60062

New Principal Place of Business:

1101 SKOKIE BOULEVARD
SUITE 400
NORTHBROOK, IL 60062

Current Mailing Address:

1101 SKOKIE BOULEVARD
SUITE 400
NORTHBROOK, FL 60062

New Mailing Address:

1101 SKOKIE BOULEVARD
SUITE 400
NORTHBROOK, IL 60062

FEI Number: 59-3100109

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: REGAN, TOM
Address: 1101 SKOKIE BLVD STE 400
City-St-Zip: NORTHBROOK, IL 60062

Title: AS () Delete
Name: MULLIS, HAROLD W., J. R.
Address: 101 E. KENNEDY BLVD.
City-St-Zip: TAMPA, FL

Title: T () Delete
Name: COLUMBO, RICHARD B
Address: 1607 W. OLIVE STREET
City-St-Zip: LAKELAND, FL 33815

Title: DEA () Delete
Name: SCHIMMING, BILL
Address: 1101 SKOKIE BLVD STE 400
City-St-Zip: NORTHBROOK, IL 60062

Title: GM () Delete
Name: BELLAR, JIM
Address: 1607 W. OLIVE ST
City-St-Zip: LAKELAND, FL 33815

Title: S () Delete
Name: TORAIN, KARIN S
Address: 1101 SKOKIE BLVD #400
City-St-Zip: NORTHBROOK, IL 60062

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 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: KARIN S. TORAIN

S

05/04/2007

Electronic Signature of Signing Officer or Director

_____ Date