2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S95685

Name:

Address:

City-St-Zip:

FILED Apr 15, 2009 Secretary of State

Entity Nan	ne: SEMINOLE	E INVESTMENTS, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
SUITE 200	ALD ROSS ROA CH GARDENS						
Current Mailing Address:			New Maili	New Mailing Address:			
4650 DONALD ROSS ROAD SUITE 200 PALM BEACH GARDENS, FL 33418			SUITE 1	2851 JOHN STREET SUITE 1 MARKHAM, ONTARIO, ON L3R 5R7			
FEI Number:		FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status De	esired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
	/ICES, INC. CUTIVE PARK [FL 33331 U	DR STE 4 S					
The above in the State		ubmits this statement for the pu	rpose of changing i	ts registered o	office or registered age	ent, or both,	
SIGNATUR	RE:						
	Electronic	Signature of Registered Ager	nt		Date		
Election Carr	npaign Financing	Trust Fund Contribution ().					
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PRESTON, JOHN 4650 DONALD R	Delete I W S OSS ROAD STE 200 ARDENS, FL 33418	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PRESTON, STEF 4650 DONALD R	Delete PHEN S.B. OSS ROAD STE 200 ARDENS, FL 33418	Title: Name: Address: City-St-Zip:	PRESTON, ST	LL ROAD SUITE 140		
Title: Name: Address: City-St-Zip:	PRESTON, MON 4650 DONALD R		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title.	() [Pelete	Title	DV () Change (X) Addition		

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.

Name:

Address:

City-St-Zip:

GREEN, ROBERT S

2851 JOHN STREET SUITE 1

MARKHAM, ONTARIO, ON L3R 5R7

SIGNATURE: ROBERT S GREEN 04/15/2009 ٧