

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S97254

FILED  
Jun 17, 2008  
Secretary of State

Entity Name: TULLIS PROPERTIES, INC.

## Current Principal Place of Business:

1230 S MYRTLE AVE  
SUITE 301  
CLEARWATER, FL 34617 US

## New Principal Place of Business:

## Current Mailing Address:

56 REGINA ST. N  
WATERLOO, CANADA, ON N2J 3A3 CA

## New Mailing Address:

FEI Number: 58-1971858      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PRATESI, EMIL G.  
1253 PARK ST  
CLEARWATER, FL 34616 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: DPT ( ) Delete  
Name: CARTER, WILLIAM S  
Address: 304 SHAKESPEARE DR  
City-St-Zip: WATERLOO, ON N2L 2V1 CA

Title: VPD ( ) Delete  
Name: CARTER, URSULA A  
Address: 304 SHAKESPEARE DR.  
City-St-Zip: WATERLOO, ON N2L 2V1 CA

Title: SD ( ) Delete  
Name: WARREN, ROBERT L  
Address: 266 SHAKESPEARE DR.  
City-St-Zip: WATERLOO, ON N2L 2T6 CA

Title: VPD ( ) Delete  
Name: CARTER, WILLIAM A  
Address: 100 ST. CHARLES ST. E.  
City-St-Zip: MARYHILL, ON NOB 2BO CA

## 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:

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: WILLIAM S. CARTER

DPT

06/17/2008

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

\_\_\_\_\_  
Date