

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90012 039 ***150.00

DOCUMENT # V27132 1. Entity Name TARALIX DEVELOPMENT (FLORIDA), INC.			
Principal Place of Business 120 ADELAIDE ST WEST SUITE 2314 BOX 16 TORONTO, CANADA, msh-1t1		Mailing Address 120 ADELAIDE ST WEST SUITE 2314 BOX 16 TORONTO, CANADA, msh-1t1	
2. Principal Place of Business - No P.O. Box # 120 Adelaide St. West Suite, Apt. #, etc. Suite 2314, P.O. Box 16 City & State Toronto, Ontario Zip M5H 1T1 Country Canada		3. Mailing Address 120 Adelaide St. West Suite, Apt. #, etc. Suite 2314, P.O. Box 16 City & State Toronto, Ontario Zip M5H 1T1 Country Canada	
4. FEI Number 59-3210959		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GELLER, JACK J 2560 GULF TO BAY BLVD SUITE 300 CLEARWATER, FL 33765		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PASSANDER, ANTHONY 45 SUNNYPPOINT CRESCENT TORONTO, CANADA, msh 1t1	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PASSANDER, ANTHONY 45 SUNNYPPOINT CRESCENT TORONTO, ON CANADA M1M 1B8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REDMOND, DONALD PO BOX 5180 PENETANGUISHENE, ONATRIO, CA l9m 2g3	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		TONY PASSANDER Date: 2/22/08 Daytime Phone #: 416 364-7095	