

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V42046

Entity Name: DUNDAS HOLDINGS, INC.

FILED  
May 10, 2004  
Secretary of State

## Current Principal Place of Business:

244 KING ST. WEST  
DUNDAS, ON L9H 1V9 CA

## New Principal Place of Business:

## Current Mailing Address:

244 KING ST. WEST  
DUNDAS, ON L9H 1V9 CA

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCUNICA, AMELIA BROWN  
920 WEST WINDS BLVD  
TARPON SPRINGS, FL 34689 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: PD ( ) Delete  
Name: DAVIES, MICHAEL JAMES  
Address: 152 PLEASANT AVE.  
City-St-Zip: DUNDAS, ONTARIO L94 3V2, CA

Title: STD ( ) Delete  
Name: SORBY, CHRISTOPHER J  
Address: 7 ELIZABETH CT.  
City-St-Zip: DUNDAS, ONTARIO L94 3M1, CA

Title: VD ( ) Delete  
Name: WHITE, KEITH  
Address: 8 HIGHLAND PARK DRIVE  
City-St-Zip: DUNDAS, ONTARIO L9H 3L8, 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:

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: CHRISITOPHER SORBY

STD

05/10/2004

Electronic Signature of Signing Officer or Director

Date