


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90041 033 \*\*\*150.00

<b>DOCUMENT # V57079</b> 1. Entity Name STUKELY INVESTMENTS, INC.	
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Principal Place of Business 7000 ESTERO BLVD. APT. 402 FT. MYERS, FL 33931 US	Mailing Address 89 DES CEDRES EASTMAN, QUEBEC JOE 1PO, QC JOE 1-PO CA
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 795 Muir
Suite, Apt. #, etc.	Suite, Apt. #, etc. #602
City & State	City & State St-Laurent Qc
Zip	Zip H4L 5H8
Country	Country Canada

40021318



01282008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0349874	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEADOR, CHARLES R JR, PA 1661 ESTERO BLVD SUITE 16 FT MYERS BEACH, FL 33932-2520	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVEL, PIERRE <input type="checkbox"/> Delete 89 DES CEDRES EASTMAN, QUEBEC, QC JOE 1PO	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rachel GRAVEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 89 DES CEDRES EASTMAN Quebec JOE 1PO Canada
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVEL, RACHEL <input type="checkbox"/> Delete 89 DES CEDRES EASTMAN, QUEBEC, QC JOE 1PO	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
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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 report 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: 	15/1/08	514-457-8400
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>