FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 17 1996 8:00 am
Secretary of State

DOCUMENT # **V62706** (9)

1. Corporation Name

WEALTH DEVELOPMENT CORPORATION U.S., INC.

Principal Place of Business	Mailing Address
850 S. TAMIAMI TRAIL UNIT 511 SARASOTA FL 34236 US	C/O INTELLIVEST MANAGEMENT. INC. 13535 FEATHR SOUND DR.. #125 CLEARWATER FL 34622 US

2. Principal Place of Business	2a. Mailing Address
21	26 c/o Sterling Management, Inc.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27 1301 Seminole Blvd, #172
City & State 23	City & State 28 Largo, FL
Zip 24 Country 25	Zip 29 34640 Country 30 USA

3. Date Incorporated or Qualified: 09/10/1992
3a. Date of Last Report: 04/03/1995
4. FEI Number: 59-3142689 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

E. RALPH TIRABASSI
1515 RINGLING BLVD
SUITE 100
SARASOTA FL 34230

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	MCBRIDE, ROSS	1.2 NAME	
STREET ADDRESS	130 ALBERT STREET SUITE 1500	1.3 STREET ADDRESS	235 Stafford Road West, #103
CITY-ST-ZIP	OTTAWA ONTARIO CANAD	1.4 CITY-ST-ZIP	Nepean, Ontario K2H 9C1 Canada
TITLE	VD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	DONNELLY, P JAMES	2.2 NAME	
STREET ADDRESS	130 ALBERT STREET SUITE 1500	2.3 STREET ADDRESS	235 Stafford Road West, #103
CITY-ST-ZIP	OTTAWA ONTARIO CANAD	2.4 CITY-ST-ZIP	Nepean, Ontario K2H 9C1 Canada
TITLE	STD ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	VAUGHAN, CRAIG A	3.2 NAME	
STREET ADDRESS	130 ALBERT STREET SUITE 1500	3.3 STREET ADDRESS	235 Stafford Road West, #103
CITY-ST-ZIP	OTTAWA ONTARIO CANAD	3.4 CITY-ST-ZIP	Nepean, Ontario K2H 9C1 Canada
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Craig A. Vaughan 6/12/96 613-721-1722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)