

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002818

**Entity Name:** INNOVATIONS PORT SUPPORT SERVICES INCORPORATED

**Current Principal Place of Business:**

609 CHURCH STREET,  
203  
PORT HAWKESBURY, NS B9A2X4

**Current Mailing Address:**

609 CHURCH STREET,  
203  
PORT HAWKESBURY, NS B9A2X4 CA

**FEI Number:** 82-6953564

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title PD  
Name MACNEIL, WILFRED  
Address 32 HIGHWAY 4, 6054P  
City-State-Zip: JOHNSTOWN NS B0E 3B0

Title SD  
Name SAMPSON, ROSE  
Address 53 SHORE ROAD,  
City-State-Zip: L'ARDOISE NS B0E 3-B0

Title D  
Name MACNEIL, ELIZABETH  
Address 32 HIGHWAY 4, 6054P,  
City-State-Zip: JOHNSTOWN NS B0E 3-B0

Title D  
Name MACDONALD, BERNADETTE L  
Address 2336 HIGHWAY 19  
City-State-Zip: CREIGNISH NS B9A1B-3

Title DIRECTOR  
Name SAMPSON, AMBROSE  
Address 53 SHORE ROAD  
City-State-Zip: L'ARDOISE NS B0E3B0

*I hereby 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 all other like empowered.*

**SIGNATURE:** BERNADETTE MACDONALD

**DIRECTOR / CHIEF  
OPERATING OFFICER**

**04/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date