

2014 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****04/17/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date