

Ministry of Finance Ministry of Revenue Corporations Tax 33 King Street West PO Box 620 Oshawa ON L1H 8E9

2007 CT23 Corporations Tax and Annual Return

For taxation years commencing after December 31, 2004

Corporations Tax Act - Ministry of Finance (MOF) Corporations Information Act - Ministry of Government Services (MGS)

This form is a combination of the Ministry of Revenue (MOR) CT23 Corporations Tax Return and the Ministry of Government Services (MGS) Annual Return. Page 1 is a common page required for both Returns. For tax purposes, depending on which criteria the corporation satisfies, it must complete either the Exempt from Filing (EFF) declaration on page 2 or file the CT23 Return on pages 3-17. Corporations that do not meet the EFF criteria but do meet the Short-Form criteria, may request and file the CT23 Short-Form Return (see page 2).

The Annual Return (common page 1 and MGS Schedule A on pages 18 and 19, and Schedule K on page 20) contains non-tax information collected under the authority of the Corporations Information Act for the purpose of maintaining a public database of corporate information. This return must be completed by Ontario sharecapital corporations or Foreign-Business share-capital corporations that have an extra-provincial licence to operate in Ontario.

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MGS Annual Return Required? (Not required if alread Annual Return exemp	y filed or t. Refer to Guide)	□ _{No} Pa	ge 1 of 20	
Corporation's Legal Name (including punctuation)			Ontario Corporations Tax Account No. (MOF)	
				This Return covers the Taxation Year
Mailing Address				Start year month day
				year month day
Has the mailing address changed Yes	Date of Change	year	month day	Date of Incorporation or Amalgamation
since last filed CT23 Return?	Date of Orlange			year month day
Registered/Head Office Address				
				Ontario
				Corporation No. (MGS)
				,,
Location of Books and Records				
				Canada Revenue Agency Business No.
				If applicable, enter
				RC
N	W	EN		
Name of person to contact regarding this CT23 Return	Telephone No.	Fax No.		Jurisdiction
				Incorporated
Address of Principal Office in Ontario (Extra-Provincial Corporations only) (MGS)				
				If not incorporated in Ontario, indicate the date Ontario business activity commenced
				and ceased: year month day
				Commenced
				year month day
Former Corporation Name (Extra-Provincial Corporations only) Not Applicable (MGS)				Ceased
				Ned Anglicable
				Not Applicable
No. of Schedule(s)				Preferred Language / Langue de préférence
Information on Directors/Officers/Administrators must be completed on MGS Schedule A or K as appropriate. If additional space is required for Schedule A,				English French français
only this schedule may be photocopied. State number submitted (MGS).				Ministry Use
If there is no change to the Directors'/Officers'/Administrators' information previously				
submitted to MGS, please check ☑ this box. Schedule(s) A and K are not required (MGS).				
Certification (MGS)				
I certify that all information set out in the Annual Return is true, correct and complete.				
Name of Authorized Person (Print clearly or type in full)				
Title Director Officer Other individuals having knowledge of the Corporation's business activities				
Note: Sections 13 and 14 of the Corporations Information Act provide penalties for making false or misleading statements or omissions.				
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