


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J36265</b> 1. Entity Name MAYARO INC.	
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Principal Place of Business 15330 LBJ FWY STE 418 MESQUITE, TX 75150 US	Mailing Address P.O. BOX 496029 GARLAND, TX 75049-6029 US
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02072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1982546	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

DOYLE, PATRICK W.  
800 WEST MORSE BLVD., SUITE 1  
WINTER PARK, FL 32789

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000240252  
02/23/05-80023-020 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ALBADA-JELGERSMA, ERIC
STREET ADDRESS	OUDE GRACHT 182
CITY-ST-ZIP	BRASSCHAAT, BG B2930
TITLE	CD
NAME	ALBADA-JELGERSMA, FRITS
STREET ADDRESS	15330 LBJ FWY # 418
CITY-ST-ZIP	MESQUITE, TX 75150
TITLE	V
NAME	MACKAY, JOHN D. L.
STREET ADDRESS	650 W GEORGIA ST 21ST FLOOR
CITY-ST-ZIP	VANCOUVER BC, CN V6B 4N7
TITLE	VS
NAME	SAUNDERS, RODERICK G.
STREET ADDRESS	650 W GEORGIA ST 21ST FLOOR
CITY-ST-ZIP	VANCOUVER, CN V6B-47
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 15, 2005

Date

604-687-1919

Daytime Phone #