
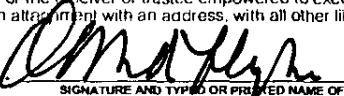


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90009 021 \*\*\*158.75

<b>DOCUMENT # J36267</b> 1. Entity Name <b>SALYBIA INC.</b>					
Principal Place of Business <b>15330 LBY FWY STE 418</b> <b>MESQUITE, TX 75150 US</b>			Mailing Address <b>PO BOX 496029</b> <b>GARLAND, TX 75049-6029 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1982549</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DOYLE, PATRICK W.</b> <b>800 WEST MORSE BLVD., SUITE 1</b> <b>WINTER PARK, FL 32789</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALBADA-JELGERSMA, ERIC		NAME		
STREET ADDRESS	OUDE GRACHT 182		STREET ADDRESS		
CITY-ST-ZIP	BRASSCHART B2930, BELGIUM,		CITY-ST-ZIP	<b>BRASSCHAAT B2930 BELGIUM</b>	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALBADA-JELGERSMA, FRITS		NAME		
STREET ADDRESS	15330 LBJ FWY #418		STREET ADDRESS		
CITY-ST-ZIP	MESQUITE, TX 75150		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACKAY, JOHN D. L.		NAME		
STREET ADDRESS	650 W GEORGIA ST 21ST FLOOR		STREET ADDRESS		
CITY-ST-ZIP	VANCOUVER, BC V6B 4N7		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAUNDERS, RODERICK G.		NAME		
STREET ADDRESS	650 W GEORGIA ST 21ST FLOOR		STREET ADDRESS		
CITY-ST-ZIP	VANCOUVER, BC V6B 4N7		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  <b>F. ALBADA JELGERSMA</b> <b>1-27-06</b> <b>972-698-8877</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					