
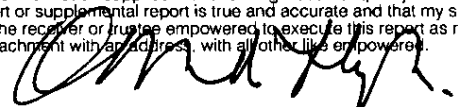


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90111 003 \*\*\*158.75

<b>DOCUMENT # J36267</b> 1. Entity Name <b>SALYBIA INC.</b>					
Principal Place of Business <b>15330 LBY FWY STE 418 MESQUITE, TX 75150 US</b>			Mailing Address <b>PO BOX 496029 GARLAND, TX 75049-6029 US</b>		
2. Principal Place of Business - Nc P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DOYLE, PATRICK W. 800 WEST MORSE BLVD., SUITE 1 WINTER PARK, FL 32789</b>				Name  Street Address (P.O. Box Number is Not Acceptable)   City <span style="float: right;"><b>FL</b></span> Zip Code	
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALBADA-JELGERSMA, ERIC		NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	OUDE GRACHT 182		STREET ADDRESS	<b>ROUTE DE RANSON</b>	
CITY-ST-ZIP	BRASSCHAAT B2930 BELGIUM,		CITY-ST-ZIP	<b>1936 VERBIER, SWITZERLAND</b>	
TITLE	CD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALBADA-JELGERSMA, FRITS		NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	15330 LBJ FWY #418		STREET ADDRESS	<b>650 W GEORGIA ST 21ST FLOOR</b>	
CITY-ST-ZIP	MESQUITE, TX 75150		CITY-ST-ZIP	<b>VANCOUVER, BC V6B 4N7</b>	
TITLE	V		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACKAY, JOHN D. L.		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	650 W GEORGIA ST 21ST FLOOR		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	VANCOUVER, BC V6B 4N7		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAUNDERS, RODERICK G.		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	650 W GEORGIA ST 21ST FLOOR		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	VANCOUVER, BC V6B 4N7		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			1-29-07 <span style="float: right;">604-687-1919</span>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					