

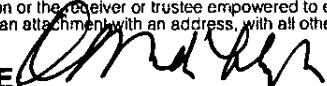


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90047 043 ***158.75

DOCUMENT # J65543 1. Entity Name BALANDRA INC.					
Principal Place of Business 1221 LEXINGTON COURT EL DORADO HILLS, CA 95762 US				Mailing Address 1221 LEXINGTON COURT EL DORADO HILLS, CA 95762 US	
2. Principal Place of Business 15330 LBJ FWY Suite, Apt. #, etc. SUITE 418		3. Mailing Address PO Box 496029 Suite, Apt. #, etc.			
City & State MESQUITE, TX		City & State GARLAND, TX		4. FEI Number 59-2264734	
Zip 75150		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
* 10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBADA-JELGERSMA, ERIC 1221 LEXINGTON COURT EL DORADO HILLS, CA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDS ALBADA-JELGERSMA, FRITS 1221 LEXINGTON COURT EL DORADO HILLS, CA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MACKAY, JOHN D. L. 650 W GEORGIA ST 21ST FLOOR VANCOUVER, BC v6b 4n7	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAUNDERS, RODERICK G. 650 W GEORGIA ST 21ST FLOOR VANCOUVER, BC v6b 4n7	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAUNDERS, RODERICK G. 650 W GEORGIA ST 21ST FLOOR VANCOUVER, BC v6b 4n7	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAUNDERS, RODERICK G. 650 W GEORGIA ST 21ST FLOOR VANCOUVER, BC v6b 4n7	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAUNDERS, RODERICK G. 650 W GEORGIA ST 21ST FLOOR VANCOUVER, BC v6b 4n7	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAUNDERS, RODERICK G. 650 W GEORGIA ST 21ST FLOOR VANCOUVER, BC v6b 4n7	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAUNDERS, RODERICK G. 650 W GEORGIA ST 21ST FLOOR VANCOUVER, BC v6b 4n7	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAUNDERS, RODERICK G. 650 W GEORGIA ST 21ST FLOOR VANCOUVER, BC v6b 4n7	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAUNDERS, RODERICK G. 650 W GEORGIA ST 21ST FLOOR VANCOUVER, BC v6b 4n7	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAUNDERS, RODERICK G. 650 W GEORGIA ST 21ST FLOOR VANCOUVER, BC v6b 4n7	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 		F. ALBADA JELGERSMA		3-4-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 972-698-8877	