## 2005 FOR PROFIT CORPORATION

## Feb 23, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # J65543 1. Entity Name BALANDRA INC. Mailing Address Principal Place of Business P.O. BOX 496029 15330 LBJ FWY GARLAND, TX 75049-6029 US **STE 418** MESQUITE, TX 75150 US No Chg-P CR2E034 (10/03) 02072005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2264734 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DOYLE, PATRICK W. DO NOT WRITE 800 WEST MORSE BLVD. SUITE 1 IN THIS SPACE WINTER PARK, FL 32789 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 reinstation) DATE <u> HADDOON240250</u> 02/23/05-80023-018 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ALBADA-JELGERSMA, ERIC NAME STREET ADDRESS OUDE GRACHT 182 CITY-ST-ZIP BRASSCHART B2930, BELGIUM, CDS TITLE ALBADA-JELGERSMA, FRITS NAME STREET ADDRESS 15330 LBJ FWY #418 CITY-ST-ZIP MESQUITE, TX 75150 TITLE NAME MACKAY, JOHN D. L. STREET ADDRESS 650 W GEORGIA ST 21ST FLOOR DO NOT WRITE CITY-ST-ZIP VANCOUVER, BC, V6B- N7 IN THIS SPACE TÎTLE SAUNDERS, RODERICK G. NAME STREET ADDRESS 650 W GEORGIA ST 21ST FLOOR CITY-ST-ZIP VANCOUVER, BC, V6B- N7 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 807. Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a diddress. The supplemental reports 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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leb 15, 2005

FILED