

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-22-2004 90047 044 \*\*\*158.75

<b>DOCUMENT # J65545</b> 1. Entity Name <b>BATHSHEBA INC.</b>			
Principal Place of Business <b>1221 LEXINGTON COURT</b> <b>EL DORADO HILLS, CA 95762 US</b>		Mailing Address <b>1221 LEXINGTON COURT</b> <b>EL DORADO HILLS, CA 95762 US</b>	
2. Principal Place of Business <b>15330 LBJ FWY</b> Suite, Apt. #, etc. <b>SUITE 418</b> City & State <b>MESQUITE, TX</b> Zip <b>75150</b>		3. Mailing Address <b>PO BOX 496029</b> Suite, Apt. #, etc. City & State <b>GARLAND, TX</b> Zip <b>75049-6029</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>59-1982505</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DOYLE, PATRICK W.</b> <b>800 WEST MORSE BLVD., SUITE 1</b> <b>WINTER PARK, FL 32789</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;"><b>FL</b></div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ALBADA-JELGERSMA, ERIC</b> <b>1221 LEXINGTON COURT</b> <b>EL DORADO HILLS, CA</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDS <b>ALBADA-JELGERSMA, FRITS</b> <b>1221 LEXINGTON COURT</b> <b>EL DORADO HILLS, CA</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>MACKAY, JOHN D. L.</b> <b>650 W GEORGIA ST 21ST FLOOR</b> <b>VANCOUVER, BC v6b4n7</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>SAUNDERS, RODERICK G.</b> <b>650 W GEORGIA ST 21ST FLOOR</b> <b>VANCOUVER, BC v6b4n7</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <b>OUDE GRACHT 182</b> <b>BRASSCHAAT B2930, BELGIUM</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>15330 LBJ FWY # 418</b> <b>MESQUITE, TX 75150</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>VANCOUVER, BC V6B4N7</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>V5</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>VANCOUVER, BC V6B4N7</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:		<b>F. ALBADA JELGERSMA</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>3.4.04</b> Daytime Phone # <b>972-698-8877</b>	