2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# P06000049871

Entity Name: TURIYA CORP.

Current Principal Place of Business:

5865 PINE RIDGE CIRCLE
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

5865 PINE RIDGE CIRCLE
VERO BEACH, FL 32967

New Mailing Address:

FEI Number: 20-4647799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ST-ONGE, THERESE
5865 PINE RIDGE CIRCLE
VERO BEACH, FL 32967 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ST-ONGE, THERESE
Address: 5865 PINE RIDGE CIRCLE
City-St-Zip: VERO BEACH, FL 32967

Title: D ( ) Delete
Name: PAQUETTE, JOHANNE
Address: 498 ROYAL BAY DRIVE
City-St-Zip: COLWOOD, B.C. V9C 4L2 CANADA, XX

Title: D ( ) Delete
Name: SCANIAN, IAN
Address: 39 TREASURE CIRCLE
City-St-Zip: SEBASTIAN, FL 32958

Title: D ( ) Delete
Name: DYKE, ROBERT
Address: 510-1745 LEIGHTON RD
City-St-Zip: VICTORIA B.C. V8R 6R6 CANADA, XX

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ST-ONGE, THERESE
Address: 5865 PINE RIDGE CIRCLE
City-St-Zip: VERO BEACH, FL 32967

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V ( ) Change (X) Addition
Name: PAQUETTE, CHRISTIAN
Address: 5865 PINE RIDGE CIRCLE
City-St-Zip: VERO BEACH, FL 32967

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTIAN PAQUETTE V 04/28/2007

Electronic Signature of Signing Officer or Director — Date