

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S87979

FILED
Apr 20, 2005
Secretary of State

Entity Name: SALCOMBE INVESTMENTS (U.S), INC.

Current Principal Place of Business:

ONE INDEPENDENT DR.
SUITE 2600
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DR.
SUITE 2600
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-3092012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBISON, MARY A ESQUIRE
ONE INDEPENDENT DRIVE
SUITE 2600
JACKSONVILLE, FL 32202 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: HSU, JOHN
Address: FLAT 2, 43 STANHOPE GARDENS
City-St-Zip: LONDON, SW GB

Title: D () Delete
Name: CHIU, JOHN
Address: UNIT 902 CAMELLIA COURT NO 3
City-St-Zip: YU TAI RD, FA HONG

Title: PS () Delete
Name: COHEN, DAVID
Address: 215 REDFERN SUITE 118
City-St-Zip: WESTMOUNT, QUEBEC, CA H3Z3L5

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID COHEN

PS

04/20/2005

Electronic Signature of Signing Officer or Director

Date