

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005857

FILED
Apr 28, 2005
Secretary of State

Entity Name: MACRO TURNBERRY CORPORATION

Current Principal Place of Business:

SAIF ADVISORS, INC.
345 PARK AVENUE, 41ST FLOOR
NEW YORK, NY 10154 US

New Principal Place of Business:

Current Mailing Address:

345 PARK AVENUE
41ST FLOOR
NEW YORK, NY 10154 US

New Mailing Address:

FEI Number: 13-3551854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD.
103 NORTH MERIDIAN STREET
LOWER LEVEL
TALLAHASSEE, FL 32301 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: C () Delete
Name: AL-RAJAAN, FAHAD
Address: 345 PARK AVENUE 41ST FLOOR
City-St-Zip: NEW YORK, NY 10154 US

Title: D () Delete
Name: AL-HUMAIIDHI, HAMAD
Address: 345 PARK AVE 41ST FLOOR
City-St-Zip: NEW YORK, NY 10154 US

Title: V () Delete
Name: MACKIN, PAUL A
Address: 345 PARK AVE 41ST FLOOR
City-St-Zip: NEW YORK, NY 10154 US

Title: P () Delete
Name: KHOUJA, MOHAMMAD W
Address: 345 PARK AVENUE 41ST FLOOR
City-St-Zip: NEW YORK, NY 10154 US

Title: D () Delete
Name: AL-SABAH, ABDULLAH
Address: 345 PARK AVENUE, 41ST FLOOR
City-St-Zip: NEW YORK, NY 10154 US

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:

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: PAUL A. MACKIN/LS

V

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date