2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S59187

Entity Name: SILVA THOMAS MANAGEMENT, INC.

FILED Apr 22, 2008 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business |
|--------------------------------------|---------------------------------|

105 SOUTH NARCISSUS AVE SUITE 600 WEST PALM BEACH, FL 33401

New Mailing Address: Current Mailing Address:

105 SOUTH NARCISSUS AVE SUITE 600 WEST PALM BEACH, FL 33401

FEI Number: 65-0274894 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHWENCKE, KERRY R. THOMAS, SUSAN S 105 SOUTH NARCISSUS AVENUE 1209 N. OLIVE AVE. WEST PALM BEACH, FL 33401 US SUITE 600 WEST PALM BEACH, FL 33401 US

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: SUSAN S THOMAS 04/22/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition THOMAS, SUSAN, THOMAS, SUSAN, Name: Name:

105 S. NARCISSUS AVE., 600 105 S. NARCISSUS AVE., 600 Address: Address: City-St-Zip: WEST PALM BEACH, FL City-St-Zip: WEST PALM BEACH, FL 33401

Title: Title: (X) Change () Addition () Delete Name: THOMAS, NORMAN. Name: THOMAS, NORMAN.

105 S. NARCISSUS AVE., 600 105 S. NARCISSUS AVE., 600 Address: Address: WEST PALM BEACH, FL City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip:

Title: Title: (X) Change () Addition () Delete

GLAYAT, DARLENE Name: GLAYAT, DARLENE Name:

105 S NARCISSUS AVENUE #600 105 S NARCISSUS AVENUE #600 Address: Address: City-St-Zip: WEST PALM BEACH, FL City-St-Zip: WEST PALM BEACH, FL 33401

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: SUSAN S THOMAS D 04/22/2008