


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04000005461</b> 1. Entity Name <b>SILAM MISSION LOVE HOUSE CORP.</b>	
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Principal Place of Business <b>806 AUNT POLLY PLACE CRESTVIEW, FL 32536</b>	Mailing Address <b>806 AUNT POLLY PLACE CRESTVIEW, FL 32536</b>
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03172007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>04-3801175</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>STULTZ, JAMES S 806 AUNT POLLY PLACE CRESTVIEW, FL 32536</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>STULTZ, HYE SUN 806 AUNT POLLY PLACE CRESTVIEW, FL 32536</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>STULTZ, JAMES R 503 D CHINAS LOVE FT. WALTON BCH, FL 32547</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SCHINDELHEIM, UNCHU 3575 HEARTWOOD LANE MELBOURNE, FL 32536</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>STULTZ, JAMES S 806 AUNT POLLY PLACE CRESTVIEW, FL 32536</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000720460  
05/01/07-80106-001 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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:** *HYE SUN STULTZ* **16 April 2007** **850/683-5242**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #