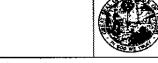
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # F00000004427

1. Entity Name

MULBERRY THAI SILKS, INC.



Principal Place of Business

1002 SECOND STREET SAN RAFAEL, CA 94901

SIGNATURE:

Mailing Address

1002 SECOND STREET SAN RAFAEL, CA 94901

## FILED Apr 08, 2004 08:00 AM Secretary of State



03182004

No Chg-P

CR2E034 (10/03)

4. FEI Number 68-0187492 Applied For Not Applicable

5. Certificate of Status Desired

8/26/04

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

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  Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ     Trust Fund Contribution,		\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PSD SMITH, CATHERINE D 86 CULLODEN PARK ROAD SAN RAFAEL, CA 94901	CTORS			Esperation of the second of th
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JACOBSON, HENRY 189 LAGUNITAS ROAD ROSS, CA 94957				00000000587 04/08/04-80013-016 150.00
title name street address city-st-zip	CD JACOBSON, HENRY 189 LAGUNITAS ROAD ROSS, CA 94957				NOT WRITE
title name street address city-st-zip				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-LIP				e e e e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, withall other like empowered.					

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR