2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92228

Entity Name: SILVER STAR PRODUCTIONS, INC.

FILED Mar 30, 2007 Secretary of State

% MARJORIE SEXTON% MARGORIE SEXTON1800 AMBERWOOD DRIVE1800 AMBERWOOD DRIVERIVERVIEW, FL 33569RIVERVIEW, FL 33569

Current Mailing Address: New Mailing Address:

% MARJORIE SEXTON% MARGORIE SEXTON1800 AMBERWOOD DRIVE1800 AMBERWOOD DRIVERIVERVIEW, FL 33569RIVERVIEW, FL 33569

FEI Number: 59-2214981 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:

SEXTON, MARJORIE

1800 AMBERWOOD DRIVE
RIVERVIEW, FL 33569 US

SEXTON, MARGORIE
1800 AMBERWOOD DRIVE
RIVERVIEW, FL 33569 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: MARGORIE SEXTON 03/30/2007

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 TERESA SEXTON-HARBUR, G SEXTON-HARBURG, TERESA L PD Name: Name: 1800 AMBERWOOD DR 1800 AMBERWOOD DR Address: Address: City-St-Zip: RIVERVIEW, FL 33569 US City-St-Zip: RIVERVIEW, FL 33569 US

() Delete Title: STV Title: (X) Change () Addition Name: MARGORIE SEXTON Name: SEXTON, MARGORIE STV 1800 AMBERWOOD DR 1800 AMBERWOOD DR Address: Address: RIVERVIEW, FL 33569 US RIVERVIEW, FL 33569 US City-St-Zip: City-St-Zip:

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

 Name:
 Name:
 HARBURG, KYLE L VP

 Address:
 Address:
 1800 AMBERWOOD DR.

 City-St-Zip:
 City-St-Zip:
 RIVERVIEW, FL 33569 US

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

 Name:
 Name:
 HARBURG, CAYCE L VP

 Address:
 Address:
 1800 AMBERWOOD DR

 City-St-Zip:
 City-St-Zip:
 RIVERVIEW, FL 33569 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGORIE SEXTON STV 03/30/2007