

2008 FOR PROFIT CORPORATION ANNUAL REPORT

150.00

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08 MAR -5 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02152008 Chg-P CR2E034 (12/06)

DOCUMENT # F93000000837 1. Entity Name SILVERHUNT, INC.					
Principal Place of Business 406 W. HILLSBORO BLVD DEERFIELD BEACH, FL 33441			Mailing Address C/O JOAN I NEUWIRTH P. A. 9810 NW 10 STREET FORT LAUDERDALE, FL 33322		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 406 West Hillsboro Blvd. Suite, Apt. #, etc.			
City & State Zip Country		City & State Deerfield Beach, FL Zip Country 33441		4. FEI Number 54-1469210 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SILVERMAN, JONATHAN 406 W. HILLSBORO BLVD DEERFIELD BEACH, FL 33441	
7. Name and Address of New Registered Agent Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue City Tallahassee FL Zip Code 32301				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 <i>[Signature]</i> Assistant Secretary <i>[Signature]</i> 3/4/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SILVERMAN, JONATHAN 406 W. HILLSBORO BLVD DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HUNTER, JILL 406 W. HILLSBORO BLVD DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete			
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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 607, 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: <i>[Signature]</i> Jonathan Silverman 2-22-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		